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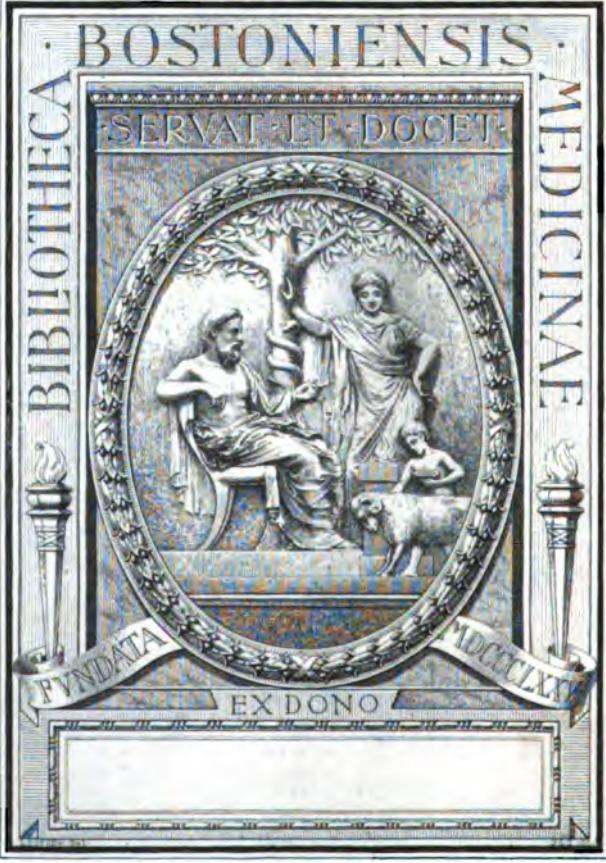
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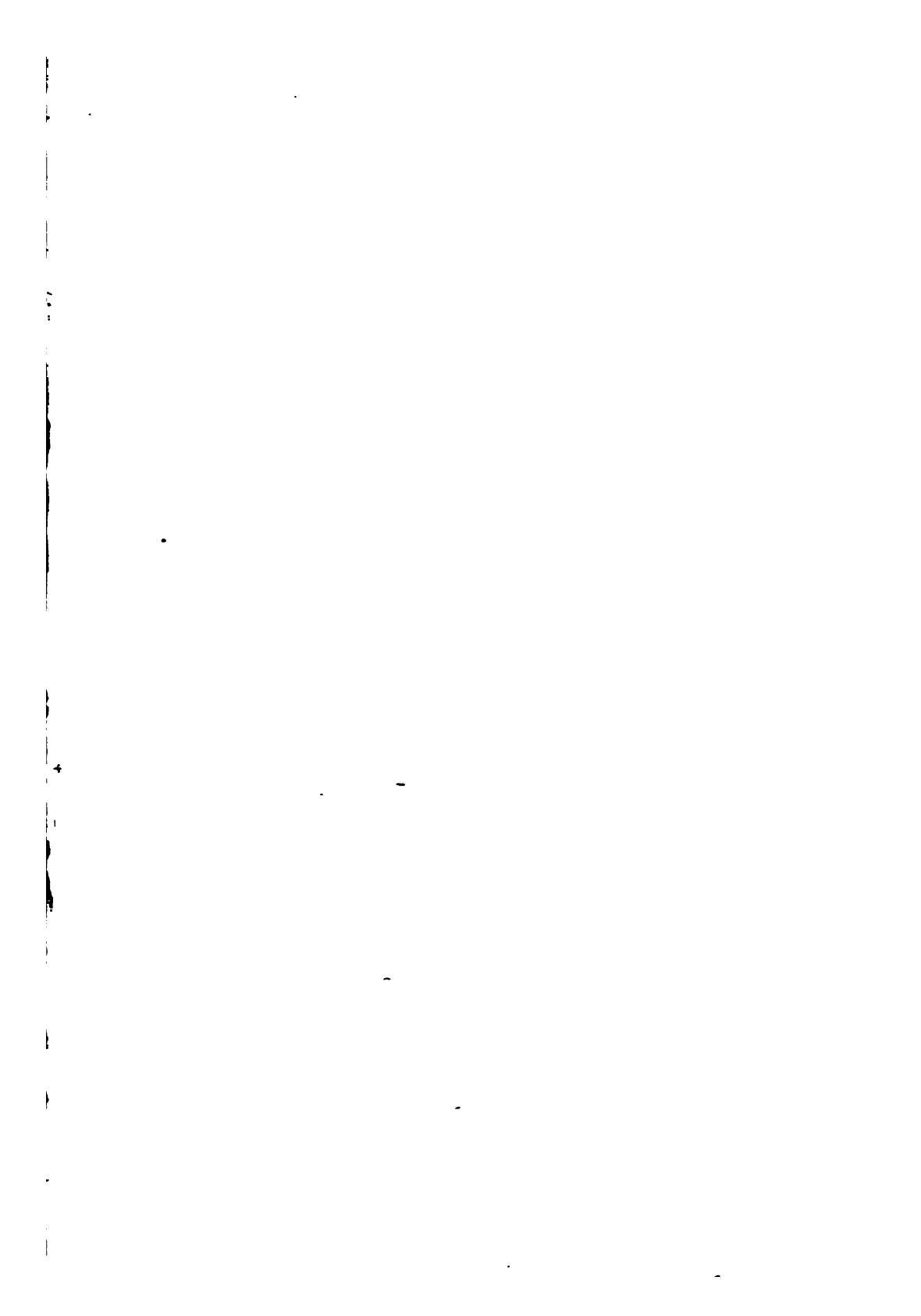
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# SOUTHERN PRACTITIONER

AN INDEPENDENT MONTHLY JOURNAL

DEVOTED TO MEDICINE AND SURGERY

NASHVILLE, TENNESSEE

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EDITOR AND PROPRIETOR

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No. 1

### ***Original Communications.***

#### **FRACTURES OF THE SPINE.\***

BY W. A. BRYAN, M. D., NASHVILLE, TENN.

The location of fractures of the spine may be anywhere in its extent. They occur more frequently in the cervical region, and are more serious here than at any other site; although, as is well known, prognosis of a fracture of the spine is never good. These fractures may be produced either by a direct or an indirect force. The direct force producing them usually fractures the spinous processes and the arches of the vertebrae. However, when the force is of sufficient intensity, further injury may be done at the same time to the bones. When an indirect force produces a fracture, it is capable not only of injuring the spinous processes, the transverse processes, and the arches, but frequently produces crushing of the bodies of the bones. Accompanying any

\* Read at Meeting of Nashville Academy of Medicine, November 22, 1904.

fracture there may or may not be a dislocation of the vertebræ, complete or incomplete, but such dislocation is not an uncommon complication.

We are all aware that the nerves given off from the spinal cord arise from the cord higher up than their point of exit from the canal. The lower down the nerve the longer the distance traversed by it within the canal. Therefore, in determining what vertebra is injured, we must always take into consideration the fact that the nerve showing the symptoms arises from a point above its exit, as stated above. The eight cervical nerves come from points within the cord between the first and the sixth cervical vertebræ. The first six dorsal nerves come from the cord between the seventh cervical and the fourth dorsal vertebræ. The remaining dorsal nerves arise between the fourth and the tenth dorsal vertebræ, while the lumbar and sacral nerves arise between the tenth dorsal and the second lumbar vertebræ. After having thus arisen, these nerves travel down along the cord within the canal to their respective points of exit.

A fracture or a fracture with dislocation produces its symptoms not by the traumatism that may have been done to the bones and soft parts, constituting and surrounding the spinal column, but to the fact that the lesion has been produced in the cord, or in the nerve proceeding from the cord, either within the canal or at the point of exit, or to the fact that this injury has produced a condition which causes the pressure on these structures. The injury may be a complete laceration or transverse section of the cord produced by the bony structures under pressure, or it may be a partial laceration of the cord produced in a like manner, or again there may be no visible crushing of the cord at all, and yet a sufficient pressure produced upon it to suspend its function. Furthermore, pressure may be brought about by hemorrhage within the dura, or secondarily by inflammation, which causes swelling around the cord. The point I wish to make clear is, that the function of the cord, although it is not always completely destroyed, yet may be so destroyed that it is impossible to determine whether we have a complete lesion, a partial lesion, or simple pressure of a marked degree on the cord.

Assuming the above statements to be correct, then from the symptoms, however marked they may be, it is easy to see how one could fail to determine exactly the condition present. The symptoms are paraplegia extending up to the level of the exit of the nerves from the canal, whose centers lie at the point of fracture. If this paralysis is not complete, sensation is more easily elicited than motion. Besides this, different sensory symptoms manifest themselves in the region paralyzed; and at the border line between the paralyzed parts and those that are not, there is frequently present a marked hyperesthesia. If the function of the cord is completely suspended, especially in cases in which crushing has taken place, all reflexes in the paraplegic area are obliterated. However, if the cord does not suffer complete suspension in its function, the reflexes are simply subdued for a while, and later on may become excessive in their activity. The patient suffers from paralysis of the bladder and the rectum, and loses control both of his urine and his faeces. Priapism is likely to occur, especially in fractures of the cervical region. Neuralgic pains, tonic and clonic spasms and fibrillary twitching of the skeletal muscles, in other words, symptoms of irritation are at times present in these patients below the point of fracture. If the fracture occurs in the lower cervical or upper dorsal region, an intractable mydriasis may be present, owing to the fact that the nerve center which controls the size of the pupil curiously lies in this part of the cord. In the lower cervical region the breathing is disturbed, and complete crushing of the cord or suspension of its function at the level of the third cervical vertebræ means suspended respiration, and therefore the death of the patient. The nerves of sensation and motion are not the only ones involved in this distress. Vasomotor nerves come in to play their part; the color of the skin changes, in one region there is blanching, in another there is reddening. An excessive rise of the body temperature occurs in cervical injuries. This temperature sometimes reaches 106° F. Albert reports a case in which the patient perspired freely in the upper uninjured portion of his body, while that portion suffering from paralysis was perfectly dry. Consequential on the injury, as purely secondary symptoms, we have

the development of cystitis, due to retention, and the appearance of bed sores, which, although they vibrate back and forth, spreading at one time, at another time attempting to heal, but usually disappointing the surgeon by enlarging again before the healing is complete. Whatever may be the interest attached to the symptomatology of fractures of the spine, the fact still remains and needs to be impressed again that we are unable, from evidence derived from an examination of the region injured or from that produced by the symptoms following the paralysis, to determine the all-important point as to whether the cord has been completely lacerated, or not.

Those patients who have suffered from a complete transverse separation have been doomed by our forefathers, and are yet doomed by the majority of surgeons, as hopeless cases, and the only thing that has been done or is now considered capable of being done, as a rule, is to ease them into their graves as gently as possible. But it is well for us to stop and ask ourselves this question: Have not our forefathers eased, and do we not likewise ease many patients into their graves, who show the symptoms produced by complete separation of the cord, and yet, in fact, have not that complete separation? If this is possible, then it behooves us as honest medical men to study exhaustively the conditions that confront us before we continue in the same old beaten paths.

Almost invariably our text-books and our current literature teach us that in these cases there are two methods open before us. In one of them we use purely palliative treatment, and await the death of the patient; in another advice is given never to open the skin and attempt to relieve the condition by an operation, for they claim that the dangers produced by this operative procedure and the possibility of complications resulting from it, so increase the danger that an operation is worse than valueless. Therefore, they say put the patient in the best possible position, make him comfortable and reduce the parts to their normal position by making extension and counter extension, and by the use of whatever mechanical device the surgeon may see fit. The chief danger, they must admit, of going into the spinal column is in-

fection, and yet no man would use that as an argument at the present day against laparotomy; then why against laminectomy? Certainly it is no more dangerous to enter the spinal cord under asepsis than it is to enter the abdomen under similar conditions. The procedure that I believe ought to be done in these cases, provided the surgeon does not know that inevitable death will follow, regardless of his treatment, is to cut down over the injured region, remove the fragments, if they can be removed, and give the patient a chance to escape degenerative changes of the cord that must follow the pressure that continues to weigh upon it; or again we might put it, it is the surgeon's duty, if there is the remotest doubt, to cut down on that spinal cord purely for diagnostic purposes. Then, if he finds a condition that is capable of relief, he has done his duty and can do it. If he finds a condition that is incapable of relief, he has done the patient no harm, for the wound will heal kindly, if the ordinary teachings of surgical technique have been followed. If we expect to operate for diagnosis in a case of this kind, it should be done at once, or as soon as the patient can be properly prepared, for it is hopeless after we have waited weeks and may be months to give our patient the same benefit that we could have given him by an immediate operation. I saw a case about fourteen months ago, in whom two surgeons had refused an operation, and operated on him on the 22nd day after injury. I opened the dura and found that the cord which those men had diagnosed, more than three weeks before, as completely severed, was not completely severed, and yet it had been resting under this pressure all of those weeks. Of course at that time degenerative changes must have taken place. While the patient was benefited by the operation, and while he is yet alive, recovery with him is an impossibility. The case is merely reported that I may ask this question: What might have been his chance if he had been operated on immediately after the injury? Mr. Thorburn, in an article published by him in the *British Medical Journal* in 1894 says: "In compound fractures operate. In fractures of the spinous processes and laminæ, with injury to the cord, we always operate. In simple fractures and dislocations of the bodies of the vertebrae, if there is a reasonable

probability that the injury is due to hemorrhage, operation is advisable, but in all other cases of this nature, we cannot hope to do good save where the injury is below the level of the first lumbar vertebra. In such cases laminectomy is an eminently valuable surgical procedure. Munro of Boston gives out in a recent article of his the following statements:—

“ If we collect the various scattered cases that have been reported within the last few years, favorable results following operation come more and more into evidence. It is useless at this time to go into the discussion of the question as to the possibility of equally good results in corresponding cases treated conservatively. The partisans on both sides are still too unyielding in their views. Being a partisan on the side of interference, I merely wish to present, as fairly as I can, the question as it appears to me personally. Fractures in the lower dorsal and in the lumbar regions are especially open to surgical interference, because of the relative harmlessness of laminectomy and because there is no valid reason for not subjecting the elements of the cauda equina to the same operative relief as in the case of any peripheral nerve. In the cervical fractures, however, there is much greater risk to life, whether operation is done or not. In watching quite a considerable number of injuries at this level, in the last few years; not subjected to operation, I have been impressed with the fact that they die a day or so earlier and that they suffer no less than similar patients who have had a laminectomy. In several instances it has been possible to watch the progress of two patients — one operated on, the other not — as nearly similar in injury, age, and physical conditions as is possible, using one as a control experiment, as it were. This impression has not a scientific basis; it is merely the general impression of a partisan observing the cases in hopes of being convinced that he advocates interference unnecessarily.

“ In studying the cases of cervical and high dorsal injuries treated without operation at the Boston City Hospital within the last ten years, I found that, of thirty patients, only one lived and partially regained his functions; twenty-four died within eight days of injury. The remainder, not including the one recovery,

lived from three weeks to five months. In that same period I have seen, at the same hospital, at least three practically complete recoveries where a laminectomy was done. I have included the high dorsal injuries with the cervical because clinically the progress appears to be exactly the same. When we get below the mid-dorsal region, however, the story is a far different one."

Lloyd, in 1901, and various authorities since that time, have reported recoveries after operation where the indications pointed to complete crushing of the upper cord. In addition, I have knowledge of a few more in the practice of my colleagues that help to confirm my views that if the patient otherwise is able to undergo operation, it is better in the long run to offer him that chance; but the surgeon and patient should realize all the time that at the very best the outlook is extremely poor.

Lloyd places great stress upon withholding interference where shock is an element of danger, and I emphatically believe he is right. Some of these cases, as soon as they react from shock, show improvement in their cord symptoms, and should be let alone; but with a halt in the progress or a retrogression, operation should be done at once. His dictum that patients with a complete obstruction of the cord should be let alone ought to be modified, because these symptoms are occasionally misleading. This is shown in the recent report of two cases by Mixter and Chase. In one "there were present all the clinical symptoms on which authorities had previously based their opinion that operation was contraindicated because it suggested total transverse lesion with a crush of the cord beyond repair." Nevertheless, there was marked and steady improvement following operation for eleven months, when death from septic nephritis took place.

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#### CONJUNCTIVITIS.

- B. Zinci sulph. .... gr. j  
Morphia sulph. ....  
Atropia sulph. .... gr. ss  
Aquæ dest. ....  $\frac{f}{3}$  j  
Ms. Sig.: A few drops in the eye two or three times  
a day.

## ECZEMA\*

BY J. M. KING, M. D., OF NASHVILLE, TENN.

In presenting this subject I shall consider, first, the pathological changes found in the diseased parts with their clinical aspect; second, the causes of these changes or of eczema; and third, the principles governing the treatment of the different stages.

Eczema is an inflammation of the upper part of the corium accompanied by the ordinary signs of inflammation. The increased blood flow to the part, and the different degrees of exudation following it are the immediate causes of the different clinical types of eczema, of which there are *three primary* and *two secondary*.

The erythematous type is one in which the exudation effects very slightly the cells of the epidermis; the cells are not bathed and softened by the serum, and separated from each other, as is the case in the more developed weeping types.

The surface is red, hot, and dry, and the epidermis is intact, and on account of increased nutrition there is a slight impetus given to the development of all the tissues, thus producing an increased mitosis of the rete cells, which is followed by a more abundant scale formation on the surface, and a slight hyperplasia of the structures of the corium. Swelling to some extent usually accompanies this type, and scratching and rubbing may produce weeping areas.

In the papular type the changes found are more exaggerated than those in the erythematous. The epidermis is more involved, inasmuch as papules are formed by increased exudation in certain areas, and usually a vesicle is found seated on the summit of the papule. Intense itching is nearly always met with in this type, and the scratching leads to rupture of the vesicles, and breaks off the summit of the papule; an outpouring of serum and blood takes place on the surface, and dries into a small blood cap, which covers the site of the vesicle. Papular eczema, as it is first seen, usually presents the papules studded with these small,

\* Read at Meeting of Middle Tennessee Medical Association, Nov. 17, 1904.

dark blood caps. The papules may be discrete, or may coalesce to form an elevated, red, infiltrated patch several inches in diameter.

The vesicular type is the most typical form of true eczema, and it offers the best opportunity for studying the chain of pathological changes which take place in the lesion. Something unknown excites an inflammatory process, as in other types, resulting in an excessive edema, which affects the epidermis more extensively than in the other types. The cells of the rete are bathed and soaked in the serous exudate, and are wholly separated from each other, while serum collects in pools in the strata of the epidermis above, forming vesicles. These vesicles being ruptured, an outlet to the surface is made, through which flows, or weeps, a fluid made up chiefly of serum, and a fluid resulting from the dropsical degeneration of the rete cells, and this mixture of fluids stiffens cloth when moistened by it and dried. The cells placed in these surroundings cannot undergo the proper changes to form sound epidermis. Some undergo degeneration and others pass upward and reach the surface still edematous and still retaining their nuclei, instead of being converted into flat, horny cells without nuclei. Unna has named this process parakeratosis. A serous exudate from an abraded surface on a healthy skin will dry, and the place will heal within a short time; not so in eczema. The weeping continues for weeks and months, the fluid drying, forming yellow crusts, and the surface weeps again when the crusts are removed. So long as this condition lasts no healthy epidermis can be formed, and one object in local treatment is to remove the serum by absorption, and thus enable the cells to return to a normal development and the formation of a healthy epidermis.

Eczema rubrum, or eczema madidans, is a severe secondary type, resulting most frequently from vesicular eczema. The surface is raw and red, and there is so much weeping that crusts cannot form.

Eczema squamosum is a sluggish secondary form resulting from any of the above named types. It presents some scaling and decided thickening of the epidermis, with infiltration and thickening of the corium.

The favorite sites for eczema are the flexure surfaces, but no area of the body is exempt. Itching or burning is always present, and is most intense in the papular type. Eczema in this country is the most frequent of all skin diseases, being about one-third of all cases.

The causes of eczema are at the present time regarded as being constitutional and external. Hebra and the Vienna school believed at first that eczema was a local condition, but later in his life Hebra changed his views, and accepted the constitutional causes which were made so prominent by the French school. While this view is generally accepted, and while the pathological changes have been carefully examined with the microscope, still the specific constitutional disturbances which cause these pathological changes and an eczematous eruption are questions of speculation. However, in a brief statement, the constitutional causes may be given as any general conditions, temporary or persistent, which interfere with proper nutrition and excretion, and bring about impaired vitality. Experience has taught that gouty and rheumatic subjects are especially liable to eczema, and that in these cases excessively acid urine and defective kidney action are very important factors. Digestive debility and constipation should be given high places as conditions leading to specific causes of eczema in both adults and children.

**The External Causes of Eczema:** Heat rays, extreme cold, sharp winds, soap and water, dye stuffs, chemical irritants, drugs and trade articles, should be regarded, in my opinion, only as exciting causes acting conjointly with a favorable constitutional condition. For instance, two women may wash clothes with the same soap and water, and one would have eczema on the hands and the other would not. It is true that there is a difference in their skins, but it is more probable that the general conditions were more favorable to eczema in one than in the other, and that the irritating effect of soap and water was all that was needed to excite the skin to an eczematous action, just as a hot bath sometimes causes the macular eruption of syphilis to appear.

Unna and others have attempted to show that eczema is

caused by micro-organisms; that they pass down through the epidermis and cause the inflammation and edema observed, but this notion has not been accepted, and at present the authors themselves have modified their views.

The treatment depends upon the cause. Eczema developed by external causes is relieved usually by withdrawing the cause and applying a bland protective dressing. The constitutional disturbance is not so great as to cause the eczematous process to continue. The general treatment as to drugs, diet, etc., in cases of much constitutional disturbances, must depend upon the judgment of the physician. The local treatment in all cases should depend upon the subjective and objective signs.

Itching or burning usually demands attention in local treatment, and carbolic acid, menthol, thymol, resorcin, salicylic acid, are the remedies usually adopted.

The objective signs indicate the extent of the pathological changes with which we have to deal, and enable us to select the remedy, its strength and method of application.

In the acute stages of eczema there is inflammation, slight exudation, with burning or itching, and to meet these conditions soothing applications are demanded, and I would prefer a cooling lotion, never heat; and the calamin zinc oxide lotion would be, as a rule, my first choice, dabbed on alone, or applied on wet cloth, laid on, and kept wet with the lotion. Carbolic acid, one or two grains to the ounce of liq. calcis, and sweet almond oil, equal parts, applied on a cloth, is also good. Boric acid lotion, or lotio nigra, applied and allowed to dry, and followed with zinc oxide in ung. aquae rosae, will agree with many acute cases. The idea is not to stimulate, but to cool the surface and allay the itching, and reduce the slight inflammatory process.

It is not the nature of true eczema to be pustular and ulcerative, but these conditions occur through infection, so, in the majority of cases, it is essential to apply some mild antiseptic in conjunction with the other remedies. This point should always be kept in view.

A case moderately inflammatory, with distinct infiltration in the corium and thickening of the epidermis, will probably need

slightly stimulating applications, but it is always advisable to begin the treatment with the mild applications used in the acute stage until the nature of the skin is ascertained, and later cautiously add the stimulants. These stimulants promote absorption of the serum (which was described in the pathology as being in great excess, and bathing and soaking the cells), restores the cells and tissues to normal activity and the formation of a healthy epidermis. Tar, resorcin, salicylic acid, ichthyol, and hydrarg. ammoniat. in ointments or solutions, are the stimulants to use. I would recommend, in many cases, the conjoint use of a lotion and ointment, while other cases would respond more rapidly to an ointment alone; for instance, a mixture of one or two drams of liq. carbonis detergens to one pint of calamin zinc oxide lotion, is one of the most reliable lotions; or boric acid lotion applied and followed with ammoniated mercury or tar ointment; or the ointment may be used alone.

In sluggish, inflammatory cases, with pronounced infiltration and epidermic thickening, the same remedies will be demanded in stronger preparations.

Thickly indurated and verrucous patches are to be reduced and thinned by the application of *sapo viridis*, caustic potash, and salicylic acid, in conjunction with the plans above mentioned. Water and soap act like poison in many cases of eczema.

A few weeks ago a gentleman of 61 years of age came under my care suffering with eczema of four years' duration. It was located on both legs, surrounding the lower third, on the fore arms, and in patches on the hands. The type on the legs and forearms was chiefly papulo-vesicular, but was papulo-squamous on the hands.

The eruption appeared during the summer. He received treatment at that time in New Orleans, and since has been treated by physicians in California, Michigan, and other States, but his trouble remains with him.

He complained of constipation. His urine was excessively acid. Otherwise his general condition was normal. I directed him to take Kutnow's Powder, and to drink more water, and change his diet to some extent. This was not sufficient to pro-

duce good bowel action, and I ordered, in addition, cascara sagrada, ext. nux. vom. and belladonna, which acted well. At first I ordered an ointment of acidi carbolici gr. v., zinc oxide, dram I., ung. aquae rosae q. s. ounce I, to be applied to the affected parts, spread on absorbent cotton or cloth, and lightly bandaged; no water and soap to be used, but to cleanse with oil olivae, containing a little salicylic acid. This relieved the itching, and gave him comfort, but the healing was slow, which was really to be expected in a case of such long standing. I then ordered him to apply constantly calamin zinc oxide lotion on a wet cloth, and to keep his feet elevated as much as possible. This gave more satisfactory results, and within a short time the epidermis had taken on nearly a normal appearance, and the infiltration was greatly reduced. To the papulo-squamous lesions on the hands I applied pure liq. carbonic detergens with good results.

If time permitted more cases should be reported to furnish the details of treatment.

In this brief discussion I have only attempted to give the types of the disease and types of treatment. Eczema presents such a variety of clinical conditions (all the types in varying stages may be found in one case, and in addition pustulation and ulceration), that the successful treatment, constitutional and local, of many cases would demand a far wider practical view of the disease and of the detailed methods of treatment than here presented.

#### LEAD COLIC.

B. Aluminis.....	3 ij
Ac. sulphurici dil.....	
Syr. Limonis, aa.....	f3 j
Aquæ.....	f3 iiiss
Sig.: Tablespoonful every hour or two.	
B. Magnes. sulph.....	3 j
Ac. sulphurici dil.....	3 j
Aquæ.....	3 iv
Ms. Sig.: Tablespoonful every three hours, preceded by iodid. pot., gr. v.	

## *Abstracts.*

### HYDROGEN PEROXIDE.

#### HOW BREAKAGE OF BOTTLES CAN BE REDUCED TO A MINIMUM.

The greatest obstacle that lies in the way of producing a sound container for liquids occluding gases under high pressure, as, for instance, solutions of hydrogen peroxide, is the fact that no process for making unbreakable glass has yet been discovered.

Up to the present, the ordinary amber glass bottles have been found totally inadequate and untrustworthy, though a device patented by Charles Marchand goes far towards overcoming this delinquency.

This device practically reduces the danger of bursting of the bottles to a minimum. As long as the bottles having this device are kept in stock standing up, the pressure resulting from shaking, high temperature in course of transit, etc., will not rise much above four or five pounds to the square inch; and, therefore, though occasionally a bottle may crack or burst, it is not due to pressure, but to the inherent imperfection of the glass arising either for a lack of homogeneity, or else imperfect annealing, or both, to which we have already referred.

The worst feature of this unreliability in the bottle is, that there is no way of detecting it. A bottle may be submitted to a pressure of a hundred pounds to the square inch, without betraying signs of weakness, yet even with nothing in it, it may burst or crack within an hour.

The only remedy in these conditions as to the bottles, and that is not absolute, is in changing the material from which the containers are made, and substituting for the unreliable amber glass, a good article of flint glass. While, as we have intimated, this does not absolutely remove the danger of loss by explosion or cracking, it greatly reduces it, and when the flint glass container is closed by Marchand's Safety Valve Stopper, danger is re-

duced to a minimum, beyond which, in the present condition of the technics of bottle-making, it is impossible to go.

This is exactly what Mr. Charles Marchand, the manufacturer of hydrozone, glycozone, peroxide of hydrogen, etc., intends to do. Just as soon as his present stock of amber glass containers is exhausted, he will use exclusively flint glass, every bottle being corked with an automatic safety valve stopper. By adopting these expedients, Mr. Marchand, having done all in his power to prevent breakage, can go only one step further — to make good any losses from that direction — replace the bottles that get broken from this cause. Beyond this, it would be unreasonable to expect him to assume further responsibility. The actual danger to life or limb from the bursting of a bottle of hydrogen peroxide, or any of Mr. Marchand's preparations, is trivial, as compared with those arising from the explosion of bottles of beer, ginger ale, champagnes, and other sparkling wines, or even Apollinaris or other heavily aerated waters.

When any of these rupture, the fragments are driven, not only with all the force and energy of the already liberated gases, but with the augmented energy of the residual gas suddenly set free, and so may inflict severe, sometimes irreparable damage. The safety-valve arrangement in the stopper of bottles of hydrozone prevents the sudden disengagement of a great volume of gas.

Assuming that through some imperfection of the stopper the puncture should close as soon as the pressure from within rose to a point far within that required for the rupture of the bottle, the stopper, not being wired, but merely tied down, will be forced out.

But glass is a proverbially brittle and treacherous substance; and it is liable to break in the hands of anybody, at any moment, and without any discoverable or apparent cause, and that whether filled or not. As a consequence there must always be some risk attached to the handling of glass containers. The best that can be done, as we have suggested elsewhere, is to reduce the risk of rupture or fracture to a minimum, and this Mr. Marchand has done, not only by his safety stopper device, but also by the prom-

ised substitution of the stronger flint glass. The retail trade will, we are sure, welcome this latter change most heartily, since it completes and supplements the efforts made in the mechanical direction, and thus removes, as far as lies in human effort, all danger arising from handling Marchand's goods.—*National Druggist, October, 1904.*

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## Clinical Reports.

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### CLINICAL SOCIETY OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.

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STATED MEETING HELD NOVEMBER 7, 1904.

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The President, Dr. Daniel S. Dougherty, in the Chair.

#### SPECIMEN OF GANGRENOUS APPENDIX.

Dr. J. A. Robertson showed an appendix which had been removed from a patient the previous week. During the afternoon he had severe gastric pains and vomiting. At ten o'clock the same evening a diagnosis of appendicitis was made, based on the tenderness at McBurney's point at the ventrix. Slight intestinal obstruction was also suspected, as the vomiting persisted, and toward morning became fecal in character. The temperature was 102.8°, followed by collapse the next morning, and during this collapse the operation was performed, the appendix being removed about 9 A. M. Examination of the appendix revealed the fact that it was gangrenous near the tip, and midway there was a stricture. Opposite the point of stricture were two gangrenous spots, just ready to break through. This specimen demonstrated the rapid development of the disease, and emphasized the necessity for early operation. The speaker had seen seven consecutive cases of gangrenous appendicitis within the past two years, and had operated on them, with but one fatal result, and in that case he had hesitated more than twenty-four hours after the appearance of symptoms before operation. In his opinion, operation

should be performed during the first twenty-four hours, or not at all.

Dr. A. Lyle opened the discussion. He said that the point he thought of greatest importance was the sudden drop of temperature. Gangrenous appendicitis can almost always be diagnosed by this sudden drop of temperature. Many physicians might interpret this as a sign that the patient was on the road to convalescence and postpone operation, and the case would probably result fatally. In the suppurative type of appendicitis, the temperature continues to rise slowly and does not drop as suddenly.

Dr. B. H. Wells said that he had seen this patient in consultation with Dr. Robertson, and an important feature, not mentioned by the first speaker, was the sudden cessation of pain. The temperature in appendicitis cases he thought a very irregular guide, as is the pain, or, in fact, any single symptom. The patient may have normal or subnormal temperature and normal or very slow pulse, but if the pain is severe and then suddenly stops, it is well to proceed carefully. The speaker had examined many cases under these circumstances, and often found extensive gangrenous appendix and intestines.

Dr. M. Packard said that in his opinion, from the standpoint of diagnosis, it was immaterial how the temperature stood, but the pulse was an important factor. If the patient had a rapid pulse, with a normal or subnormal temperature, and a pulse of 100 and a temperature of 98.6° or even 98°, operation should be performed. Another point mentioned by Mannenberg and substantiated by Nothnagel as important in the differential diagnosis of appendicitis is that of the secondary pulmonary sound of the heart, which is usually accentuated in appendicitis. Mannenberg reports this symptom in 170 out of 200 cases of appendicitis which he examined.

Dr. Robertson, in closing the discussion, said that at the operation it was found that the complication which had been suspected was found to be present. About eighteen inches from the appendix the small intestine was strangulated and twisted, and the mesentery was twisted throughout, and for a few minutes we

debated whether it would be wise to resect this portion of the intestine, but Dr. Wells suggested that it be closed.

#### SPECIMENS OF TUBAL PREGNANCY.

Dr. L. J. Ladinski reported three cases of tubal pregnancy occurring in his practice during an interval of twelve days, and showed specimens removed from these patients. The first patient had been bleeding from the uterus for four or five days, but the discharge had disappeared the day before the speaker saw the patient. Temperature was normal, pulse 110. Examination revealed a somewhat enlarged uterus, a characteristically enlarged tube, tender and sensitive to the touch. No bleeding from the uterus, however. A diagnosis of tubal pregnancy was made and operation advised. The following day the uterus was curetted and abdomen opened. There was free blood in the peritoneal cavity. The enlarged tube, with the fimbriated extremity very much dilated, and presenting a large blood clot from which hemorrhage took place, was removed. This was a case, therefore, of tubal abortion. The tube might have been saved, but as the attachment of the sac was close to the uterine end, it was not deemed wise to do it. The patient left the hospital nineteen days after operation.

The second patient was twenty-three years old. On the day previous to her admission to the hospital she had been taken with a sudden sharp, stabbing pain in the lower abdomen on the right side. With the onset of the attack she had a hemorrhage from the uterus. It was not time for her menstrual period, as she claimed to have menstruated only three weeks before. She felt dizzy, cold, and extremely weak. Patient denied any possibility of pregnancy. Operation was performed under ether, the uterus being curetted. Upon incision into the peritoneal cavity, free blood welled out. The right tube was found very much elongated, and the gravid sac with the amniotic sac unruptured was found attached to the fimbriated extremity and external to it, and was removed. The distal end of the tube, which was found closed, was opened and everted. The appendix was removed and the wound closed without drainage. The patient made a good recovery.

The third patient complained of a sudden sharp onset of pain, with bleeding from the uterus which lasted about twenty days. Examination revealed a tense, tender, elastic mass bulging into the left lateral fornix of the vagina. Uterus slightly to the right of the median line. Patient absolutely denies any possibility of pregnancy. A diagnosis of tubal pregnancy was made; the uterus was curetted and the abdomen opened. Free blood was found upon opening the peritoneal cavity. The left tube was much distended with clots and ruptured. The left tube was removed, including the left ovary, and the abdominal wound was closed in four layers, without drainage. The patient made an excellent convalescence.

Dr. Wells opened the discussion of these cases. He said that in extra-uterine pregnancy hemorrhage is usually attributed to rupture, while in reality it often occurs previous to rupture, and is not necessarily accompanied by this later symptom. The ovum is expanded inside the tube, and the villi grow into the walls of the tube, and after a time grow straight through. The blood pressure causes the tube to sweat blood from the little ends of the villi. The same process makes the wall of the tube very weak, and the ovum is growing inside, and when it comes across a naturally large blood-vessel, hemorrhage is apt to follow.

#### A CASE FOR DIAGNOSIS.

Dr. M. Packard reported a case of a man who presented himself at the clinic about four weeks ago, with the following history: Family history and previous history good. His present history began about nine months ago, with gradual difficulty in swallowing. The dysphagia became so extreme that it was impossible to take solid food of any kind. On several occasions he vomited blood, which was always of a bright red and never of a chocolate nature. He lost in weight as much as thirty pounds. Naturally, with this history, we suspected a neoplasm of the oesophagus or cardiac end of the stomach. We passed an oesophageal sound, which was not restricted at any portion of the oesophagus, but on removal brought up about three drams of pure blood. The stomach was normal in size, but on account of the bleeding a test examination was valueless. Liver and ab-

domen normal. The heart sounds were all feeble, but there was a relative accentuation of the second aortic sound. There was no burring or thrill. His blood examination showed 5,200,000 red, 100% haemoglobin, 7,600 whites, showing the blood absolutely normal, and ruling out with a positive degree of certainty malignancy, and especially of the stomach. His arteries were atherosomatous, and with this history the diagnosis pointed either to varicose veins of the oesophagus or ulceration of the oesophagus, due to arterio-sclerosis.

Dr. Burtenshaw stated that Dr. Packard, in connection with the blood examination, said that the normal condition of the blood proved conclusively that there was no carcinoma. In the speaker's opinion, the blood examination alone was not conclusive proof that no malignancy or inflammatory condition was to be anticipated.

Dr. Packard, in closing the discussion, said that he agreed with the last speaker that a normal blood examination alone was not conclusive proof of the absence of malignancy, but when a patient's blood gave a red blood cell count of over five million blood cells and 100% haemoglobin, it is safe to assume that carcinoma is not present. In carcinoma there is usually a secondary anemia, and the haemoglobin of the red blood cells becomes polluted.

#### EPITHELIOMA OF VULVA.

Dr. Brooks H. Wells reported two cases of epithelioma of the vulva which had come under his observation, and presented drawings and photographs to illustrate them. He said that primary epithelioma of the vulva is rare, occurring in only about three per cent. of the cases of cancer of the genital tract. Not much is known definitely of the predisposing causes. Long continued irritation undoubtedly increases the chance of its appearance. Cancer may invade any portion of the skin of the vulva and spread outward in the direction of the lymph streams. Histologically it usually gives the picture of a squamous celled epithelioma, except when it invades the vulvo-vaginal gland, when we find the cylindrical celled or adeno-carcinoma.

The treatment of cancer of the vulva should be early and

radical excision, together with excision of the superficial inguinal glands on both sides. Prognosis as to permanence of relief is bad, as after a variable time the disease nearly always returns. In inoperable cases, morphia, given freely to quiet pain, scrupulous cleanliness with alcohol dressings to minimize odor, and at times partial operations to remove sloughy or haemorrhagic portions of the new growth, with such other measures as may be demanded in the particular case to secure the least discomfort, should be resorted to.

The first case was a patient, aged 40, multipara, referred to the speaker for diagnosis. She was stout, florid, and well, except for a peculiar spot which had been present for several months on the left side of the vulva, which persistently itched, and had been pronounced a chancre by several physicians. Inspection showed on the upper part of the left labia majus, an area of somewhat thickened skin, sprinkled with fine whitish scales. Within this area were two insensitive, round, slightly elevated, firm, flat masses, movable with the skin upon the underlying tissues, having rounded whitish edges, smooth, slightly moist, glistening surfaces of a copper red color, and which in all particulars resembled chancre. Careful palpation showed slight hard, painless induration of the inguinal glands on both sides. Syphilis being apparently excluded, owing to the high moral character of the patient and her husband and the absence of all history, a diagnosis of epithelioma was made and excision advised. This was done a few days later, by an incision which went wide of the diseased area, and deeply removing the whole of the left side of the vulva. The patient and her physician would not consent to the removal of the inguinal glands. The wound healed *per primam*. The specimen was taken to a well-known pathologist for examination. He looked at it and said a fine chancre had been removed. Examination of the hardened tissues, however, proved it to be a typical epithelioma.

The patient was lost sight of for two years, at the end of which time she was seen with a mass of carcinoma in the left groin, and so weak that it was evident that she had but a few days to live.

The second patient came to the clinic, complaining that for eight months her womb had come down. Family history showed no constitutional taint of tuberculosis, rheumatism, or cancer. She had no living children, but four miscarriages from traumatic causes between the third and sixth months. Examination revealed her to be in a normal condition above the pelvis, the uterus small and free and very easily moveable. The vagina was large, the pelvic floor much relaxed, and when the woman stood up or strained, there was complete prolapse of vagina and uterus. The skin for an inch out from the muco-cutaneous junction at the lower half of the vulvar entrance was dry, somewhat thickened, slightly reddened, and covered with abundant whitish scales, the condition resembling a chronic scaly eczema, and being accompanied by severe and persistent itching, which had been present for about fourteen years. There was no sugar or albumin present in the urine, and diabetes was excluded as a cause for the skin condition. Operation was strongly advised, but refused by the patient, who, as a temporary palliative, was shown how to support the uterus by a firm cotton cylinder, placed crosswise in the vagina and was given a  $\frac{1}{2}\%$  salicylated Lassar's paste to apply to the diseased skin. About two and a half years later she again presented herself, complaining of a gradual loss of health and strength, itching of the vulva with occasional periods of pain, and for three months an offensive discharge like bloody water. Examination showed a flattened papillary mass projecting  $\frac{1}{4}$  inch above the adjacent skin, and extending outwardly from a little within the muco-cutaneous junction of the lower third of the vulva on the right side. On the opposite labium were a number of smaller similar papillary masses, apparently the result of contact inoculation. There was no apparent enlargement of the inguinal glands on either side. Patient entered the hospital and the superficial inguinal glands on either side were removed, together with the new growth, the greater part of the skin, and the underlying fatty tissues and connective tissues of the vulva and of the lower vaginal mucosa.

The wounds were closed with silkworm-gut and healed without infection, except at the lower vulvar portion, where some sup-

puration and granulation occurred. The specimen was sent to Dr. Jeffries for examination, and he pronounced it typical carcinoma.

Dr. J. H. Burtenshaw asked whether the bloody discharge in the second case was only from the growth of skin covering it. He also asked whether there was any involvement whatever of the mucous membrane of the vaginal walls, and also whether the possible effects of the application of the X-rays, the Roentgen, or the ultra-violet rays had been considered. He thought that in cases where the use of the knife was impracticable, especially, the rays should be at least tried.

Dr. L. J. Ladinski said he had operated on a patient for epithelioma of the vulva, and had removed the inguinal glands, which were only slightly enlarged, the operation having been performed early in the course of the disease. Recurrence in the pelvic glands had followed very quickly, and the patient's condition was much worse than at the time of the original attack. The speaker would hesitate to operate again under the same circumstances, and would first try the various forms of radiation.

Dr. Milton Franklin said that in case of epithelioma, as in all other cases of malignant growths, he would advise against using any of the radiations where the knife could be used. In cases of epithelioma of the face, where a good cosmetic effect is desired, radiation may be preferable to the use of the knife. Epithelioma of the lower lip had never been cured by the rays, as far as the speaker could ascertain, and epithelioma of the pelvis seemed to be in the same class. After operation, however, the field from which the carcinoma has been removed should be X-rayed, as experience has demonstrated the value of this treatment.

The paper of the evening was read by Dr. Joseph Brown Cooke, and was entitled:—

#### THE OBSTETRICS OF THE FUTURE.

Dr. Cooke said he thought that in another quarter of a century the general method of procedure in obstetrics would be the routine induction of labor, at or near term, instead of the waiting policy of the present time, by which pregnancy is permitted to continue until labor is spontaneously ushered in. He said that with the

method at present in vogue, when the labor was normal, chloroform used to the obstetrical degree during the last hour or so, and the woman rallied promptly and enjoyed a normal puerperium, this was all that could be desired. It often happens, after labor begins, that the woman's suffering becomes so great, in spite of apparent uncomplicated delay in delivery, that the physician is obliged to interfere, and under complete anaesthesia discovers for the first time a previously unrecognized persistent posterior occiput, a face case, a condition of marked disproportion between the presenting part and the pelvis, or even a breach appearing at the superion straight. The entirely unnecessary delay to which the woman has been subjected only intensifies her liability to shock, to sepsis, and to hemorrhage after the operation. The child, which might have been saved if interference had been inaugurated in time, may be lost through asphyxia, manipulation, forceps, or even require mutilation before delivery can be accomplished. When such emergencies arise, there are, as a rule, no adequate preparations for the work to be done. The remedy which the speaker offered for this state of affairs was as follows:—

"Every obstetric case should be examined methodically during the last month of pregnancy, preferably at weekly intervals, and after due consideration a definite day and hour for the onset of the labor should be set. This should depend upon the position and presentation of the foetus, the character of the pelvis, and the relation which it bears in point of size and shape to the presenting part; and every effort should be made to correct any existing malposition by external version or some similar means. With a slightly contracted pelvis, measured more accurately by the relation of the foetal head to the brim than with the pelvimeter, a somewhat early induction of labor would afford better chances to both mother and child than a version or protracted forceps operation performed two or three weeks later. The possible danger to the child by reason of its slight prematurity would be more than offset by its easy birth and escape from the perils of operation. In cases where the position and presentation are normal, the patient should be allowed to go on to term, and labor then induced. The method of induction depends much on whether

the patient is a primigravida or a multigravida. In the first instance it is usually necessary to insert a bougie after the Krause method and leave it until pains are established and the cervix softened and dilated, when it should be removed. This should be done at night, the patient having been first given a full bath and a large dose of castor oil, to be followed by an enema in the morning. The physician should return the next morning, remove the bougie, and if pains are not well established, stimulate contraction by digital dilatation of the cervix.

"In the case of a multigravida, the use of the bougie is seldom indicated, as a large dose of castor oil at night, followed by an enema, are often enough to bring on labor in the morning. If not, vigorous dilatation of the soft and patent cervix will, in nineteen cases out of twenty, cause effective pains within a short time. As soon as labor is well established, its further progress is left to nature. Chloroform to the second degree should be exhibited during the second stage, and instruments used if necessary, under surgical anaesthesia, but only after complete dilatation. The duration of labor in the primiparas, dating from the onset of pains, after introduction of the bougie, has averaged under five hours, and in multiparas under two hours."

Dr. J. H. Burtenshaw said that were labor induced and anything to go wrong, the family would throw all responsibility on the physician. Also, he did not see how the term of labor was so successfully shortened at the end of a full term pregnancy in either a primipara or a multipara.

Dr. Wells said that he had treated several patients who had been delivered by the method described by Dr. Cooke, and they had suffered a greater percentage of ill results following parturition than the women whose labors had taken the normal course. He also said that if only the external os were to be dilated, he much preferred to do it with the gloved hand, rather than with the bougie.

Dr. Ladinski said that he recalled several cases in which it had been necessary to induce labor, in which this procedure had been followed some time later by subinvolution and hemorrhage. While a little time had been saved for the physician by Dr.

Cooke's method, he doubted whether the patients had been saved much time and discomfort.

Dr. Cooke closed the discussion, saying that he thought the positive statement that labor would be induced at a given time had a good effect on the patient mentally, and the uncertainty which she was saved left her in general condition, better fitted for the ordeal which she had to face. He thought the post-partum complications to which Dr. Wells referred were the result of inexperience and imperfect technique on the part of the operator rather than of the method itself.

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## *Records, Recollections and Reminiscences.*

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### RECOLLECTIONS OF MY FIRST SIX MONTHS IN THE CONFEDERATE ARMY.

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S. C. Gholson, M. D., of Holly Springs, Miss.

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Dear Sir:—

I send you the following reminiscence of my first six months in the Confederate Army, which you can print if you find it of sufficient interest, if not you doubtless have a waste basket convenient in which you can deposit it. Its only claim to merit is in being a part of the early Confederate history in the extreme South.

The latter part of March, 1861, the Ninth Mississippi Regiment was preparing to go to Pensacola, Florida, under orders from the Confederate War Department. Three companies of this regiment were from Marshall County, and many of my patrons and sons of patrons were enrolled in these companies. Wishing to go with them, I wrote to that distinguished Mississippian and peerless statesman, Jefferson Davis, then in Montgomery, Ala., requesting the appointment as surgeon of the ninth regiment. Having had the pleasure of knowing Mr. Davis personally, and

as I had given him some medical advice during his occasional visits to Holly Springs, I had strong hopes that my wishes would be complied with. The day of departure came, March 31, 1861. The regiment left for its destination, but no notice of my appointment had reached me. The next morning (April 1, 1861), however, an official document came assigning me to duty as surgeon of the ninth regiment. I was, I believe, the first surgeon appointed from Mississippi. The same day I boarded a train, under a deluge of rain, commingled with hailstones, for Mobile, via Grand Junction and Corinth. Having missed the down train at the latter place, I did not get to Mobile until the morning of the 3rd of April. Here I found not only the ninth regiment, but the tenth also, without a surgeon, and so far as I could learn, not an ounce of government medical supplies in the two regiments, nor so much as a lancet in the way of surgical instruments. I reported to Col. C. H. Mott, who was in command of the expedition. He told me he was under orders to proceed, at once, to Pensacola. I hastened to find the quartermaster, who proved to be an old acquaintance. He informed me that we would start for Pensacola early the next morning, in light marching order, that he would provide me with a horse and an ambulance, and that the impedimenta of officers and men would be sent per steamer from Mobile to Pensacola.

I purchased a small handbag, filled it with such medicines as I thought would be most needed, and as I had brought with me an excellent pocket case of instruments, I felt fairly well equipped for campaigning. The next morning we crossed the river, and took up the line of march for our destination. Mounted on my steed, with the medical supplies of two regiments hanging on the pommel of my saddle, my ambulance drawn by two sturdy mules, following in the rear, I felt proud to contribute so much to the Cause. I can but smile at the criticisms and complaints of the Medical Department of the U. S. A. at the inception of the late Hispano-American War when I recall to memory this episode.

The first day's march, April 4, we got on finely. The boys were chock full of enthusiasm, and beguiled the march by songs and pranks, such as young soldiers will indulge in. The morning

of the 5th broke, with lowering clouds flying athwart the sky, and soon there was a torrential downpour, and we were wet to the skin in short order. The men were wading creeks and rivulets. The saturated sand on the level was over their shoe tops. I had visions of pneumonia and pleuritis. I remonstrated with General Mott upon the impropriety of exposing raw recruits to such a test of endurance. He simply said: "I have orders to proceed to Pensacola with all possible dispatch, and I am going to carry them out." I knew my man, and said no more. Brigadier Gen. Mott was as gallant a soldier as ever drew blade. He gave his life for the Confederacy in a battle near Williamsburg, Va., in 1862. Singular to relate, I did not have a single case attributable to this exposure. I took severe cold myself, which was due, I think, to putting some fagged out young man on my horse, taking his place for a mile or two in the wet sand, and then remounting when overheated by walking. My ambulance could not accommodate the number of those exhausted by this unwonted exertion. We encamped that night at a saw-mill on the Perdido River, where Jackson is said to have crossed on his way to fight the Seminoles. I had just laid me down to rest wrapped in a wet blanket, on the soft side of a saturated plank, when the Colonel's orderly came to inform me that two or three sick men were in a shanty some miles in the rear, and he would be glad if I would look after them. So I mounted my jaded steed, and, followed by the ambulance, found some two or three miles back. three men in a dilapidated cabin, not exhausted as I expected from the march, but with well defined cases of rubeola. Knowing the tendency of measles to spread, and fearing contagion if I took them to camp, I made them as comfortable as I could in the ambulance, and ordered the driver to return to Mobile as expeditiously as he could, and place them in the hospital. The next day we marched into Pensacola, reaching there about noon, took steamer to the Navy Yard, and encamped on the Bay shore, a mile or more beyond the straggling village of Warrington. We called this camp "Camp Davis." We were right on the beach with the guns of Pickens frowning upon us, but little shade, and hot as blazes when the sun was shining.

The water we used here was procured by digging holes in the sand, and curbing them with meat barrels. The water was fairly good, clear, and to my surprise, very slightly brackish. We remained here, to my satisfaction, but a few days, and then removed our camp to a beautiful magnolia grove back of Fort McRea, and a little beyond the new light house. We called this camp "Camp Magnolia." It was my home during the remainder of the time I was with the regiment. Fort McRea was in our possession, garrisoned by our men. I have often thought that if we had landed on Santa Rosa Island instead of the mainland, and demanded the surrender of Fort Pickens, the fate of the Confederacy might have been changed. The garrison consisted of only eighteen men under Lieutenant Slemmons, who, I am told, said he would have given up the fort at once. This would have enabled ten or twelve thousand gallant young men to go to Virginia, or elsewhere, if needed, instead of being cooped up with the fleas on the sand dunes of Pensacola Bay for a year. "There little insects were so numerous that if you would take up what seemed to be a handful of sand, one-half of it would hop out of your hand."

In a short time the garrison of Fort Pickens was re-enforced by regulars from the fort, and Billy Wilson's Zouaves from New York were encamped on the island. It was then too late, as we afterwards found out. I had a very busy time for awhile at Camp Magnolia, but was ably assisted by Dr. P. A. Willis and Dr. John McPherson of the 9th and Capt. (Dr.) Peake and others of the 10th regiment.

In a few weeks Dr. W. L. Lipscomb, a splendid fellow, a gallant and Christian gentleman, was assigned to the 10th and Dr. J. B. Cowan to the 9th regiment. (Dr. Cowan was afterwards on General Forrest's staff.) Dr. A. J. Foard, Bragg's Medical Director, had meanwhile taken charge of the Marine hospital, and in an incredibly short time had everything organized, and in running order.

Here was a man to love and admire, a thorough gentleman, he always treated his subordinates with courtesy and respect, and was ever ready to give them advice and assistance. I be-

came very much attached to him, and have always thought he should have been Surgeon General of the Confederacy instead of Dr. Moore, who, whatever his qualifications otherwise may have been, was surly, abrupt, and a martinet.

This needs a little explanation, though it is a departure from my subject. In January, 1862, I was ordered to report to General Lovell in New Orleans. I found nothing doing there, and got a furlough to return home, and await further orders. In February, 1862, I was ordered to report to Dr. Moore at Richmond, Va. When I reached that city, after going to my brother-in-law's, Mr. F. T. Glasgow's, and removing the effects of travel, I at once repaired to Dr. Moore's office, which I had no difficulty in finding.

When I entered, the only occupant was a gentleman sitting at a desk apparently asleep or writing. I made noise enough with my feet to awaken a sleeper or disturb a writer. Finally I got tired of shuffling my feet, as he paid no attention to this. I walked in front of him, and saw he was wide awake, and to all appearances doing nothing.

"Are you Dr. Moore?" I asked. "I am," he replied. "I have been ordered to report to you." "Your name," he said. I told him. "Write it in that book, and call to-morrow, and I will give you your orders." He turned to his desk, and these were the last words he vouchsafed me.

When I went up to dinner I found my uncle, Mr. Wm. F. Taylor, waiting to see me. I told of my reception by Dr. Moore. "Oh," said he, "you need not think he made an exception in your case, as he treated Vice-President Stevens, Mr. Seddon, and myself in the same way a short time ago, but he was polite enough when he found that Mr. Stevens was his visitor."

In the morning I called for my orders. I walked right up to him this time, told him my business. He looked at the register. "Gholson?" "Yes." He wrote a few moments, and passed me a paper, saying, "You will report to General Johnston at Manassass," and turned away. "Hold on, Doctor," I said, "could you not order me to some Southern point? I was born within seventy-five miles of this city, and most of my youth was spent

in it. I have been threatened with consumption. I had rather live here than anywhere in the world, but I find a more Southern latitude necessary." "I can not consult the physical condition of surgeons. You must go where most needed. Good morning." "All right," I said, "good-day, sir."

I went straight to the office of the Secretary of War. Fortunately for me, Albert Taylor Bledsoe, a nephew of my grandfather and a graduate of West Point, was Assistant Secretary of War. I told him my situation, and we went across to the office of the Adjutant-General, who, after a few words, told me to write my resignation, and it would be accepted. I did so. It was accepted, and I was a free man. I hurried home, intending to write to Medical Director Foard for an appointment. To my joy the first thing put in my hands was a telegram, just received, from Dr. Foard, to know if I would establish and manage a (general) hospital in Holly Springs. I telegraphed him at once that I would do so, and requested him to appoint Dr. Chas. Bonner as my assistant, which he did, and in a little more than a month we had built two ells to St. Thomas Hall, forty by one hundred and twenty feet, and had things in pretty good condition for patients. I was in charge of St. Thomas General Hospital for nearly two years.

I felt that I had a friend in that splendid gentleman, Medical Director A. J. Foard. I hope this digression will be excused as I intended to confine myself to my first six months in the Confederate army.

My precaution in sending the first three cases of measles back to Mobile was unavailing, as the disease soon re-appeared in the regiment, and it seemed to me that the entire regiment would succumb to the contagion. I was much surprised at the number of men who had escaped this so-called disease of childhood, particularly those from the rural districts. I can fully endorse what Dr. Stout says in an article published in the PRACTITIONER in reference to the hot tea, whisky, and confinement treatment of rubella.

I sent but one man to the hospital, at his request. He died on the third day of pulmonary congestion, from his own impru-

dence, as he insisted upon sitting in the window in his shirt and drawers, with the wind from the bay blowing upon him. The other cases, and they were numerous, I kept in camp at their earnest solicitation. They seemed to have a horror of the hospital. They all made a fair recovery, though the disease was occasionally followed by a somewhat troublesome diarrhoea, or by slight dysenteric symptoms. We remained in Camp Magnolia the entire summer, and had much less sickness than I anticipated. I had but four cases of that regimental pest, typhoid fever, or as I prefer to call it, camp fever. Two of these consented to go to the hospital, and I readily agreed thereto. One, Willie Willis, died, the other made a partial recovery, after a lingering illness, and was discharged. The other two, Andrew Martin and Hugh Barton, pleaded so earnestly to remain in camp that I consented against my will and judgement. I had a tent erected in close proximity to my own, which was several hundred yards from the regimental encampment.

I made them as comfortable as I could, and established as nurse a very faithful and sensible colored man, who belonged to Martin's father. Both recovered after eight or nine weeks' treatment and much anxiety on my part.

By some means General Bragg heard of what I had done, wrote Colonel Chalmers a pretty sharp note, and directed him to appoint three commissioned officers as inspectors to visit my patients, and decide when they should be sent to the hospital. In a day or two one of the inspectors, Lieut. Richard Watson, came to me, and said: "Doctor, there is a very sick man (calling his name) in Company G, and you had better send him to the hospital at once, or you may have trouble." "Why," said I, he was at my sick call this morning, and there was absolutely nothing the matter with him. I will call and interview him, however, as I go to my tent."

I found the young rascal playing a game of cards with a tent-mate, and so far as I could discover, in perfect health. I reprimanded him severely, threatened him with the guard-house, and ordered him to report for fatigue duty the next day.

Early the next morning, hearing a number of men tramping by,

I looked out of my tent, and saw my young man in the van. He jumped over a pine bush, and cried out: " Didn't I fool the officers nicely, Doctor? "

Colonel Chalmers reported this incident to General Bragg, who said, " I guess you had better let the doctor manage his own affairs hereafter, but no more camp fever in camp." In this General Bragg was right, but the danger was inconsiderable, I think, with only two cases and the precautions I took.

I believe the immunity of the troops in Florida from this disease was due to the encampment of the troops from Mississippi, Alabama, Georgia, and Florida in camps a mile or more apart, extending from the light house to Pensacola. I believe camp fever is a true typhus due to a concentration of troops, particularly, on a non-absorbent soil. I had an exemplification of this the next year when these same troops and many others had been concentrated at Chattanooga and Corinth. St. Thomas General Hospital, which I had established at Holly Springs by direction of Dr. Foard, was soon filled with cases of this type. Typhoid fever is a very common disease in the mountains of Virginia, and the cases are prolonged and severe. The water and air of this section are considered as pure and uncontaminated as any under heaven.

The summer passed monotonously. We were all heartily tired of camp life. The men were wishing daily " the ball would open." We spent several nights at the Navy Yard in anticipation of attacks from Santa Rosa, but they did not materialize. We did not have a taste of war until the 8th of October, 1861, when a detail was made from the different regiments to make a night attack upon Billy Wilson's camp, burn his tents and commissary stores, and drive his Zouaves into the fort. Dr. Lipscomb and myself were ordered to accompany the expedition. We took steamer at the Navy Yard, and steaming east, landed on Santa Rosa, a mile or more from the Zouave camp. There were many ladies on the steamer who kept busy, in transitu, rolling bandages and preparing for the wounded as they were sent back by the surgeons.

The landing was not opposed, if indeed, the enemy were cog-

nizant of it. The troops divided at the landing, part marching up the bay, the others crossing the island, followed the Gulf littoral. The march across the island was exceedingly disagreeable, as we had to make our way through bushes and briars, over hills and hollows of sand.

Dr. Lipscomb and myself with our stretcher bearers were in the rear of this detachment, and we, as well as the troops, were exhausted when we reached the Gulf shore. There was no moon, but the night was clear, and the phosphorescence of the waves as they rolled in upon the sands of the beach, which were almost as white as snow, rendered it rather too light for men on a secret expedition.

There was silence in the ranks, but the crunching of the firm sand under our feet could doubtless be heard at a considerable distance in spite of the lapping of the waves upon the beach. We were marching as rapidly as we could, the objective point being the Zouave camp, when, all at once, we received a volley of eighty or a hundred muskets fired by the picket guard of the Zouave hospital.

This unexpected fire threw the detachment into momentary confusion, but the men rallied in a minute, charged the embankment behind which the enemy were concealed, and sent them scurrying to the fort under a rapid fusilade. Dr. Lipscomb and I were immediately behind the troops when we received the volley, and a young officer fell almost back into my arms with a bullet through his chest. He died before we could get him to the Zouave hospital, which we discovered nearby. He belonged to a Florida regiment.

With the exception of two or three others, the wounded were able to return to the steamer, with assistance. I felt a severe blow on the right scapula, and at first thought I had been shot through the shoulder, as the bullets whistled around quite promiscuously, and in close proximity, but in a few moments I found I was mistaken. I must have been struck by a stretcher pole as one of the bearers turned hastily around. We took possession of the hospital tent, to the demoralization of its inmates.

I told them to go on with their duties, that we were surgeons

and not savages, and they would not be molested. They soon became quiet. There was a roar of musketry on the island above us, and the sky was lurid with the flames of burning tents and commissary stores. I sent a courier to Colonel Chalmers, telling him to send his wounded to the hospital tent, as I had everything in abundance for a primary dressing. I never heard of my messenger afterwards.

Meanwhile day was breaking, the musketry firing was rapidly approaching, and soon passed us on the Bay shore. We then knew we had been left behind, and concluded to make our way to the boat, if possible. We had proceeded but a short distance, expecting every moment a shot in the back, as we were evidently being used as a long-distance target by some of the enemy, as evidenced by the bullets in the air which came thick and fast. Dr. Lipscomb, who was some fifty or sixty yards in front of me, was suddenly surrounded by a squad of Zouaves who put their bayonets to his abdomen, saying: "Kill him! Kill the damned rebel!"

I approached with some misgivings and trepidation as I had heard that Billy Wilson's Zouaves were the wharf-rats and off-scourings of New York, calling out to them that we were medical officers, and that even savages did not murder surgeons. We would have been slaughtered then and there, I verily believe, but at the supreme moment a squad of regulars, led by a sergeant, came over the same hillocks of sand that had hidden the Zouaves from us, saw at once what was the matter, and rushed forward with clubbed muskets, saying: "Get to your camp, you infernal scoundrels. You can't murder men in cold blood while with us." We felt very much relieved. The next moment a Federal major, Vosdges, by name, as I afterwards learned, came up on horseback, asked us our names and rank, and said to the sergeant: "Take these gentlemen to the fort, treat them courteously, but shoot them if they attempt to escape."

We were escorted to the fort, and placed in a large barrack-room in company with fifty or sixty other prisoners. In a short time we were ordered out into the area of the fort, drawn up in line, and our name and rank asked, and then marched back to

the barrack. In a few minutes an officer came, and called the surgeons out. We were given a nice tent, with mattress and blankets, and made very comfortable. When dinner hour arrived, an orderly came, and said Colonel Brown requested our company to dine with him. We obeyed this summons most cheerfully, as we had eaten nothing for nearly twenty-four hours. Colonel Brown received us very kindly and politely, saying feelingly: "Gentlemen, I have been in the service of my country for nearly fifty years, and it almost breaks my heart to see Americans, who should be brethren, shooting each other down as we were doing last night." If I am not mistaken, the eyes of this grand old man were filled with tears, and I must confess that I felt very much like crying myself, as I had just seen a number of gallant young fellows, lying stark and cold, in lines, each covered with a new blanket having "U. S." in large letters in its center. This was my initiation into the horrors of war, which paled into insignificance after my subsequent experience in the hospitals. We were invited to sup and breakfast with the Colonel, and were treated as courteously as if we had been honored guests instead of prisoners of war. After breakfast we were conducted into a casemate, where we found paper, ink, and pens, and we were told we could write to our wives or friends. I was much gratified at being able to let my wife know that I was safe. As I fully expected to be sent North, I feared she might not know for some time what had become of me. Soon the officer returned, took our letters, and re-appeared in a short time with paroles, which we were requested to sign, stating that a boat awaited to take us, under flag of truce, to the navy yard. These paroles only required us not to serve any longer in Florida. To say we were pleased is to put it mildly. In an hour or so we were at the navy yard. I called upon our gallant General Bragg, to bid him adieu. He invited me to dine with him, which I did, and then hurried to camp to say farewell to my numerous friends. The next day I was on my way home. When I reached Holly Springs I found my wife in great distress. She had just seen in the Memphis papers an account of our capture. That evening my letter reached us, and my wife had the curiosity to see what I had

written. Immediately she called my attention to a post scriptum by Colonel Brown, which was as follows:—

"Permit me to comfort the wife's heart by saying that Dr. Gholson shall be released, as soon as I can do it consistently with the safety of my command. In the meantime he will be perfectly safe. HARVEY BROWN, *Colonel Commanding*.

*Fort Pickens, Oct. 9, 1861.*"

This post scriptum increased my admiration and respect for the gallant old Colonel, who seemed so deeply distressed at the fratricidal strife in which we were engaged.

I was opposed to secession, and voted for the anti-secession candidate in my district, but when my native State, Virginia, seceded, and my adopted State, Mississippi, followed suit, I, too, became a secessionist, and did all I could, in my humble capacity, for the success of the Confederacy, and I feel an exalted pride in those brave and noble men, who for four long years, without a navy, with scant commissary, a dearth of medical supplies, and imperfect arms, contended with an army five times as numerous, supplied in superabundance with everything needed in field and hospital, and, in addition, a large navy to back them. It seems almost incredible. In a few years more the last of the Confederate surgeons will have crossed the river, "to rest in the shade," as the heroic and immortal Jackson said, and I hope and trust each and all will receive the plaudit: "Well done, good and faithful servants." No blush of shame should mantle the cheek of those who surrendered only to the inevitable, but they should feel proud at having been the comrades and fellow soldiers of the heroes who fell on many a hardly contested field.

#### ARTIFICIAL HUNYADI WATER.

B. Magnes. sulph.....	
Sodæ sulph.....	aa 3 ss
Potas. sulph.....	gr. ij
Sodii bicarb.....	gr. viij
Sodii chloridi.....	gr. xx
Aquæ, q. s. ad.....	3 viij
Ms. Sig.: A wineglassful before eating.	

## *Editorial.*

### A FEW WORDS ABOUT THE SOUTHERN PRACTITIONER.

In completing our editorial work for our first number of our TWENTY-SEVENTH VOLUME, we are more than gratified to state that 1904 closed with a larger number of paid subscriptions than any year that has preceded it in any of the twenty-six years of its publication. And now before the year has closed, we have added to our subscription list for 1905 during the month of December alone seventy-eight *new* subscribers, and the renewals of former subscriptions have exceeded by far any preceding year, prior to the issue of the first number for the new year. But let us see what our friends say themselves. It is we hope, with pardonable pride and no little gratification, that we place before the readers of this number, a few special remarks accompanying some of the many letters of renewal. The first is from one whose name has been continuously on our list since 1879, and is given in full:—

*Dear Doctor Roberts:*

By the presence of a cold wave—called “Norther” by Texans—I am admonished that the annual big “Cider Jug” must be replenished, and that nothing short of “Sumner’s Best” is good enough for Tennessee doctors. I enclose \$1.00, believing that the noble inspiration thereby produced will enable you to still further improve the S. P.’s monthly dish of good things you are in the habit of placing before the true, and the prodigal sons of Father Bowling, hoping thereby to so increase your spiritual strength that instructive inspiration may as freely flow from your great, trenchant gander-quill as to enable you to lead all good doctors to so preen their pinions that they, too, may sit with thee upon the lofty, gilded perch, where none but good and great doctors are allowed to roost. With best wishes,

Yours truly,

Q. C. SMITH, *Austin, Texas.*

*Dear Doctor:*

Enclosed please find \$1.00, currency, subscription to the SOUTHERN PRACTITIONER. While now over seventy-five years old, and yet able to mount my horse and enjoy a lively gallop, I have retired from the active practice of my profession, doing only office and consultation work, I feel lost without the monthly.

Yours very truly,

J. J. TERRELL, *Burton’s Creek, Va.*

It is the one journal with me. Prosperity and success to you and it.

Your friend,

W. J. BUNCH, *Hot Springs, Ark.*

I like the SOUTHERN PRACTITIONER very much.

Very truly yours,

RUFUS PITTS, Murfreesboro, Tenn.

I don't see how I could do without the SOUTHERN PRACTITIONER.

Yours truly,

L. A. PARKER, Saltillo, Tenn.

Enclosed I send you one dollar for the SOUTHERN PRACTITIONER for 1905. I could not very well do without it, having received and read every number since it was first published.

Very truly yours,

F. M. CAPPS, Coxburgh, Tenn.

Enclosed please find \$1.00, cash, this being my twenty-fifth subscription to your journal. Wishing you a merry Christmas and a happy New Year,

Respectfully,

SAMUEL DENTON, Buffalo Valley, Tenn.

Enclosed please find P. O. order for \$1.00, for your valuable journal.

Yours truly,

G. A. HOGG, Altheimer, Ark.

You will please send the SOUTHERN PRACTITIONER to me so long as I may live. I assure you I appreciate it above all other journals I have ever received.

Yours truly,

J. M. CUNNINGHAM, Shelbyville, Tenn.

In the multitude of papers and journals I sometimes neglect to renew. In such cases I always want to be reminded of the fact or the paper discontinued at once, but I have not yet decided to drop the SOUTHERN PRACTITIONER, so you will find enclosed one dollar, in currency, for same.

Yours very truly,

W. H. MOON, Goodwater, Ala.

Please find enclosed one dollar in two cent stamps to renew subscription to the SOUTHERN PRACTITIONER. I am well satisfied with the investment.

Very respectfully,

W. M. F. BEARD, Shelbyville, Ky.

After twenty-three years reading it, I get my money's worth each year, full value. Wishing you success,

I am yours,

F. T. COOK, Taylor, Texas.

I have taken the SOUTHERN PRACTITIONER since the first issue. Long life and success to it and you.

Your friend,

J. A. ROGERS, Leeville, Tenn.

I think the SOUTHERN PRACTITIONER is getting better as it grows older.  
Best wishes for it and you.

Yours,

E. B. KETCHERSIDE, *Yuma, Arizona.*

Enclosed herewith please find \$2.00 to pay for the SOUTHERN PRACTITIONER for two years. With best wishes, I am

Your friend,

J. T. REDDICK, *Paducah, Ky.*

Success and best wishes for the SOUTHERN PRACTITIONER and its editor.

Yours truly,,

J. T. ABSTON, *Hickory Flat, Miss.*

There is nothing I pay more cheerfully than my subscription to the PRACTITIONER. I appreciate its monthly visits very highly.

Yours truly,

G. W. MOODY, *Shelbyville, Tenn.*

Wishing you and your journal continued prosperity,

Yours sincerely,

W.M. E. BRICKELL, M. D.,

*New Orleans, La.*

Long may it continue with increasing satisfaction to others, as it has to me.

Most cordially yours,

R. M. KIMBROUGH, *Harriman, Tenn.*

Enclosed please find \$1.00, for renewal of subscription for the SOUTHERN PRACTITIONER. Wishing you and it continued success, I remain

Very truly yours,

F. R. CALHOUN, *Cartersville, Ga.*

I always find some "common sense" articles in it. I think it among the ablest periodicals published. Long may it live.

Respectfully,

J. W. OSLIN, *Gainesville, Ga.*

"I read and enjoy your Journal very much. I like it better in some respects, than the Journal of the A. M. Association. I am,

Very truly,

T. O. MEREDETH, *Burgin, Ky.*

"This subscription makes 19 years I have taken the SOUTHERN PRACTITIONER; and I don't think I can afford to let my subscription lapse for that many more years to come, should I live so long.

With kindest regards,

R. A. ANDERSON, M. D.,

*Surgoinstville, Tenn.*

"I cannot do without the PRACTITIONER. I would not feel like I was equipped for all emergencies. Success to the SOUTHERN PRACTITIONER.

Very truly yours,

J. G. BUTLER, Osborne, Tenn.

AND THERE ARE OTHERS—but we will desist.

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### MEDICAL ORGANIZATION

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The time for the meeting of our State Medical Association together with a number of others will soon be at hand, and this subject of so great importance to every member of the regular medical profession who has his own interest and that of his clientele at heart will claim some attention at our hands. The method now in force in so many States is unquestionably the most satisfactory, and promises by far the most beneficial results possible. It is distinctly *representative*, it places the foundation and basis of representation where it should be, at the bottom; the county societies being the only correct criterion and proper means and method of determining the standard of all who are entitled to the courtesies, the advantages and privileges of membership in our State and National Associations.

What does the member in an East Tennessee county know of the ethical standing of those in the Western or Middle divisions of the State? Or what can those in one county or section even not so far removed know of the character of others than those in their own vicinity? If a Doctor is acceptable to his home associates, he should certainly be acceptable to other members of the profession in other localities. This is the method adopted by all organizations, and can but prove most satisfactory in ours. Much might be said in behalf of the recent measures suggested by the National Association for the profession in all States, and the progress so far made is most gratifying indeed, and shows that it is being almost universally accepted.

The following extract from the *Journal of the American Medical Association* of Dec. 17, ult., shows what progress so far has been made:

"The rapidity with which the State societies all over the country have accepted the recommendation of the American Medical Association and have adopted a uniform plan of organization is both remarkable and pleasing. The most hopeful did not dream that so much could be accomplished in four years, and that in less than this time three-fourths of the State societies would have been reorganized and would be working under the same plan. Four, Alabama, Connecticut, Massachusetts, and Pennsylvania, already had the essential features of the new plan in their organic law, so that these may be considered as part of the great body working under a uniform plan as though they had adopted all the non-

essentials. Aside from the above—and New York—the only States that have not finally acted on the matter are Georgia, Idaho, Maine, Montana, Nevada, and Wyoming. These will probably take final action at the next annual meeting, and as there is practically no opposition in any of these States, we may confidently hope that at the next annual session of the American Medical Association, all but one State will have adopted the essentials to uniformity of organization. The only State that has refused to reorganize is Virginia, but the members of that association will reconsider when they realize the great advantage to the physicians of the whole State—not necessarily to the members of the State society—of the county society plan."

We can but regret that the "Old Dominion," the "Mother of States," still lags back, and so far has refused to align herself with the large number of her sister States, North, South, East, and West. We can but attribute it to a degree of unwise conservatism, a disposition to hold on to old methods, but it is not progressive. While our professional brothers in Virginia have done well, yes, better than a number of others under the old but somewhat loose and indefinite method of the past, we do most heartily and sincerely believe that they can do still better under the new order, and we are surprised that its especially representative features have not appealed more strongly to them. However, we can afford to wait if they can, and firmly believe that it is only a question of time.

While we have accomplished much in our own State, yet we have not done altogether as well as was our sincere desire, but what has been done has been most satisfactory, and we were perhaps too sanguine. We have now sixty-five counties with organized Medical Societies on the roll of our State Association, with a membership of something over 1200, and although these are the most populous and thickly settled sections of the State, we had hoped that others would have been added before this. Owing to the large area and sparse population, the defective roads and means of reaching them, the same effort has not been made by the Committee on County Organization that was continued over last April from the preceding year, as in other counties. In our opinion, the Committee has not been as active and energetic as it should have been. This however, can be remedied in the months yet preceding the annual meeting of the State Association. This statement is not made in a captious or critical manner as regards the action of the Committee, and we take this method of calling their attention to the matter, and wish to put them on their mettle as it were, and most sincerely hope that an aggressive campaign will at once be entered on. The sooner work is commenced the better results we will have.

In the thirty counties in which so far no organization has been officially reported and enrolled in the State Association, there is, according to

the census of 1900, a population of 301,817, while the other sixty-five counties embrace a population of 1,719,099. Even in some of these counties we have been informed, but not officially and consequently they have not as yet been enrolled in the State Association, county medical societies have been organized, and it is possible that they are waiting to make their report and be chartered at the next meeting of the State Association. In some of these counties the sparse population has necessitated but a limited number of doctors, not sufficient to form an organization, and it may be many years before we have ninety-five county medical organizations in the State, in fact we may never have that number, yet we hope that with a little more activity and zeal on the part of the Committee that at least two-thirds of them will be chartered before April next; and in those counties where there are but few doctors, that two or more may unite in the formation of an organization, for which due provision is made in the Constitution and By-Laws of the State Association.

We have had the opportunity of visiting a few of the county societies during the past year, and in every instance we have found the members showing an interest that can but redound to their good. In two of these counties no organization had previously existed, and but few of the profession there had ever taken much interest in our State meetings, yet in these we found an active membership that we feel confident will be perpetuated and increased. From other counties that we were so fortunate as to be able to visit, we have received very encouraging reports. Interesting and harmonious meetings, and in every instance where a county society has been organized for as much as a year, there is a far more agreeable and harmonious feeling between the members of the profession than had previously existed.

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#### PROPRIETARY MEDICINES.

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Among our "Selections" this month will be found, in our opinion, a very commendable article on the above subject, which we most heartily endorse. Dr. Andrews, of the *Medical Summary* takes correct and proper views in regard to a class of remedial measures that we can consider as advantageous to the practitioners of medicine and their patients, being as they are a decided development in pharmaceutical art and science. When called to an individual suffering from disease in any form, we regard it our duty to relieve them by any means or measures within our reach, and those that prove most satisfactory will be resorted to time and again, so long as we find them to be efficacious. The fact of their special designation being copyrighted should in no wise place them under the ban of even the most ethical of the ethical. Their composition is not

secret and can be if it is not already known. Granted, that in some instances, the special methods of manufacture are not an open book, yet if the ingredients are known why should they not be used? It is not essential to the doctor to know just exactly how Messrs. Battle & Co. prepare their Bromida, having been advised of its material ingredients, and knowing its effects, he knows just what may be expected from the administration of a proper dose.

More than twenty years before Gray's Glycerine Tonic Compound was copyrighted, we had used it after its original formula secured from Dr. Jno. P. Gray, then Superintendent of the Hospital for Insane at Utica, N. Y. We used it then, and we use it now, with this difference only—that now we know that we get it prepared from the very best quality of its several component ingredients, prepared by the Purdue-Frederick Co., in uniform and most excellent manner. And then an 8 ounce or 16 ounce bottle does not cost the patient half as much as it did when it was compounded after the original prescription; and again, we could not always rely on a very important point, that in every instance when dispensed over the written prescription, that all that we had prescribed entered into the composition of the mixture when handed over the counter. Now we do know when prescribed and dispensed in "original" bottles, and when the vile crime of "substitution" is not committed, exactly what the patient is getting.

We do not think it necessary to know *how* Listerine is made. Recently we had the pleasure of going through the entire establishment of the Lambert Pharmacal Co., in St. Louis, and this we can say, that the very utmost cleanliness and care was markedly manifested in handling the best specimens of pharmacal science and art that could be secured in any part of the world that entered into its composition. Twenty years ago we visited the same establishment, and while we noticed many very important changes and improvements at our last visit, they were rather matters of importance to the manufacturers than to ourselves, we feeling confident, and knowing that we were getting the same old Listerine as of yore. Then we saw a number of young ladies, girls, and boys filling each bottle, using the graduated measure and funnel; at our last visit one gross of pound, 8 oz, or 4 oz. bottles were placed in a tray, and at one touch of a lever, all were at once filled with exactly the same amount of fluid ounces of Listerine and no more—not a drop on the outside to be wiped off, no spilling, no slopping over. While the process was interesting to see, and showed that our friends in making it left nothing undone, neglected nothing, to us the important part was that it was still as reliable as ever.

Take the original formula for Syrup of Hypophosphites suggested by Dr. Churchill, nearly half a century ago. It is much easier to write Fellows Syr. Hypophos., or Robinson's, or McArthur's, or "Syr. Robo-

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BRA

rans" than it is to fill out on the prescription blank the exact amount of the various ingredients for a half-pint bottle or more; and then we know that when we do so specify any particular form, we are getting just what we intended. How often can you rely on this in the event you take the trouble to write out in full the formula; and will it not cost the patient more when so prescribed than when you order a given number of ounces of these "copyrighted" preparations?

As of these, so of other copyrighted or proprietary remedies. We can but regard them as a decided advance in Pharmacy, equally advantageous to the physician and his patient. They, that is, such of them as prove to have merit, have come to stay. Hayden's Viburnum Compound, Tongaline, Ponca Compound, Iodia, Ecthol, Wayne's Elixir, Peacock's Bro-mides, Tyree's Antiseptic, are with a number of others, known to have certain properties, they are reliable, uniform and of unquestioned value. They are used daily by many of the best and most ethical members of the profession from one end of the land to the other. They have given good results in the past, and so long as "something just as good" is not SUBSTITUTED, will continue to give good results in the future. The manufacturers cannot afford anything else.

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AN OLD REMEDY COMBINED WITH A NEWER ONE.—The *Massachusetts Medical Journal* recently published the following, which will no doubt be interesting to our readers:—

"We believe that members of the medical profession should familiarize themselves with the combination tablet of antikamnia and heroin. The first of these, antikamnia, years ago, established a prominent place for itself as a most reliable antipyretic, anti neuralgic, and general pain reliever, while heroin is, by all odds, the most efficient of recent additions to our list of remedies. The advantages of this combination are fully illustrated by a report of cases submitted to us by Dr. Uriel S. Boone, Professor of Surgery and Pharmacology, College of Physicians and Surgeons, St. Louis. We reprint three of said cases, as each has some particular feature which successfully called into use in a most beneficial manner, the synergistic action of these two drugs.

"Case 1.—J. P., athlete. Suffering from an acute cold. On examination found temperature 101° with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed antikamnia and heroin tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them and there has been no return of the cough or pain.

"Case 2.—Ed. H. age 30. Family history—hereditary consumption. Hemorrhage from lungs eighteen months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various rem-

'edies with very little improvement, I placed him on antikamnia and heroin tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

"CASE 3.—Wm. S. aged 28. Lost 20 pounds in last 30 days. Consulted me July 9th. I thought he most certainly would fall a victim to tuberculosis. Evening temperature 101 with night-sweats and a very troublesome cough with lancinating pains. Prescribed 1-100 gr. atropine to relieve the excessive night-sweats, and one antikamnia and heroin tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

"Neither in these, nor in any other of my cases, were any untoward after-effects evidenced, thus showing a new and distinctive synergistic action which cannot help being beneficial."

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SAL HEPATICA, is an effervescent uric acid solvent and eliminator, stimulates the liver, tones all intestinal glands, purifies the alimentary tract and improves digestion, assimilation and metabolism. It is practically a specific in rheumatism, gout and bilious attacks. Sal Hepatica has no equal for eliminating toxic products from intestinal tract or blood, and correcting vicious or clogged functions. Write for free sample to Bristol-Myers Co., 277-279, Greene Ave., Brooklyn & New York.

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#### A NEW THERAPEUTIC AGENT OF VALUE IN THE TREATMENT OF EPILEPSY, WITH THE REPORT OF A CASE.

Hugo Erichsen, M. D., L. R. C. P. and S., reports an interesting case in the Medical Age, for September 25, 1904. The author says:—

"The patient had had nineteen well defined attacks of epilepsy since the summer of 1900. Shortly after the occurrence of the last I took charge of his case. Up to that time he had been taking the bromides at irregular intervals, owing to the fact that his stomach was easily deranged. Eventually they had to be rejected. Even bromide of sodium proved objectionable for this reason.

"About this time my attention was directed to "Brometone." It proved to be the very thing I was looking for, as the patient had no difficulty in retaining it and it did not give rise to untoward after-effects. After taking what was evidently an overdose the patient experienced drowsiness during the day, but when the dose was reduced to 5 grains (in capsules) three or four times a day he had no further trouble in this respect.

"Brometone contains about 77 per cent of bromine, and possesses the sedative and other characteristic effects of that agent. It is preferable

to the bromides, because it does not excite nausea, vomiting, or alimentary disturbance. Moreover, it does not seem to produce the undesirable systematic depression often resulting from the older bromides.

Although my patient has been taking Brometone day after day for over a year, he has not been afflicted with skin rashes or any other indications of bromism. Furthermore, he has not had an attack for sixteen months, has gained in weight, improved in appearance and takes a more cheerful view of the future.

"From my experience with it I am inclined to believe that Brometone will prove of service in the treatment of other nervous conditions, particularly insomnia, headache, and delirium tremens. It may also prove of benefit in some cases of asthma and may relieve cough of reflex nervous origin."

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**KRYOFINE.**— analgesic, antipyretic, and antineuritic. (Methoxacet-p-phenetidine.)

Fine, colorless crystals, odorless and tasteless; sparingly soluble in cold water (600 parts); soluble in 52 parts boiling water; freely soluble in alcohol, ether and fixed oils.

Indicated in Influenza, Typhoid Fever, Pneumonia, Sciatica, Migraine, Neuralgia, and the various forms of Neuralgia.

Properly administered, Kryofine is free from any unpleasant by-effects, and practically harmless. Its antipyretic action is prompt and powerful, and it is undoubtedly a very efficient and reliable febrifuge. It is, however, its anodyne action which renders the Kryofine particularly beneficial, and establishes its great value. In this respect, Dr. G. F. Butler, Professor of Materia Medica and Clinical Medicine, Medical Department of the Illinois State University, says: "My own experience justifies the statement that, with the exception of morphine, no drug possesses so positive, prompt, and efficient an analgesic property as Kryofine." (Chicago Clinic, March, 1898.)

Dose: 4 to 7½ grains for adults, according to the severity of existing conditions; for children in proportion.

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MESSRS. BATTLE & CO. have just issued the fourth of their series of twelve illustrations, of the Intestinal Parasites, and will send them free, to physicians, on application. These illustrations are splendid and will be of intrinsic value to all who will avail themselves of this offer. The address is 2001, Locust St., St. Louis, Mo.

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**"A VALUABLE AUXILIARY IN THE TREATMENT OF PNEUMONIA."**— Pneumonia is nowadays considered a general infectious disease, due to a special germ, and not, as was formerly believed, a local condition resulting from exposure to cold. It is therefore of the utmost importance

that once it appears in a household every precaution should be taken to prevent its spread to other members of the family. As the germ is carried through the air, this cannot be accomplished by fluid disinfectants; an unirritating and non-poisonous antiseptic which is sufficiently powerful to destroy the infection and yet can be freely breathed by the patient, is required. There is only one safe and efficient agent of this kind, and that is Vapo-Cresolene. Experiments by a member of the Pathological Department of Yale University have demonstrated its high germicidal power. Its vapor permeates the air of the sick-room, destroys the infection at its source, and when inhaled by the patient allays cough and irritation in the air passages, promotes expectoration, and thus aids materially in bringing about recovery."

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THE WARREN COUNTY MEDICAL SOCIETY held its regular monthly meeting Dec. 5, 1904, at McMinnville. Dr. H. A. Doyle read a paper on "Tuberculosis Pulmonalis" after which the following officers for the ensuing year were elected:—

President, Dr. W. B. Cummings of Bishop; Vice-Pres., Dr. E. E. Northcott, McMinnville; Sec. and Treas., Dr. T. O. Burger, McMinnville.

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UTILITY OF COCA WINE.—One objection to the use of alcohol medicinally is its commonly accepted action as a stimulant, with a supposed period of depressing reaction. Whether there is really such a reaction period or not following small and frequently repeated doses of alcohol, is not generally accepted. It is, however, agreed that the combination of Coca with alcohol in a mild wine—such as Vin Mariani—affords a nutritious stimulant from which there is no reaction. Before the influence of the alcohol has passed the sustaining action of the Coca will have commenced, and a period of tone supervenes which sustains the system. It is because of this peculiar property that Vin Mariani is of such value as an adjuvant in all convalescence where a mild stimulant is indicated.

It is worthy of emphasis that Vin Mariani is the product of the greatest wine producing country in the world. It is made from a special quality of wholesome French grape wine, grown upon a soil of certain peculiarities. All connoisseurs of wine understand that the soil, the exposure, and the environment as well as the climatic conditions, unite in affecting a special wine from any certain grape. In the vineyards of France these necessary conditions have continued for centuries. All the care in transplanting the vine elsewhere, and all the skill of cultivation, cannot imitate the product of the French vineyard. From amidst these natural advantages M. Mariani was the first to introduce a wine of Coca to the medical world nearly half a century ago. Although he has freely published his formula to physicians, and though many pharmacists have tried to duplicate its product, it has never been successfully

imitated. The reason must be obvious, for just as the French vineyards have had an advantage of centuries, so Mariani has had the advantage of priority and the acumen to maintain his laboratories to the refinement of a skilled manufacture. That this is so has been well shown through the endorsements of Government in a country where, in wines at least, the good is readily discriminated from the mediocre. Thousands of physicians the world over have recognized this merit, and have felt proud to endorse it with their patronage.—*The Coca Leaf*, March, 1903.

**THE USEFULNESS OF GOOD HYDROPHOSPHITES in Pulmonary and Strumous affections** is generally agreed upon by the Profession.

We commend to the notice of our readers the advertisement on advertising page 17 of this number. "Robinson's Hypophosphites" is an elegant and uniformly active preparation; the presence of Quinine, Strychnine, Iron, etc., adding highly to the tonic value.

**TYREE'S ANTISEPTIC POWDER** is of uniform strength and comparatively inexpensive. The most essential thing about an antiseptic is the "freshness" and therefore, powerful effect of its anti-germ and putrefactive value. The next its cost, and third its ingredients. With the dry powder, you make your solution as needed. Composed of chemically pure ingredients, the following is its formula:—

Sod. Bor., Alumen, Ac. Carbol., Glycerin, the Cryst. Principles of Thyme, Eucalyptus, Gaultheria and Menta.

Doctors desiring to investigate and confirm these claims may secure a package (sufficient to make two gallons of standard antiseptic solution) mailed to any address upon receipt of twenty-five cents. Send to J. S. Tyree, Chemist, Washington, D. C.

**EVERYBODY SHOULD HAVE A CALENDAR:**—*A striking one issued for free distribution by a Southern railroad: The N. C. & St. L. R. R.*

Calendars for the year 1905 will soon be in urgent demand, as they are things to which everybody refers more or less during the course of the year.

Many of the big railroads and other corporations make a practice of giving them to their customers. Some are works of art, but none are more handsome or better arranged for practical use than the 1905 Calendars of the *Nashville, Chattanooga & St. Louis Railway*.

This road has for years made it a practice to give all who apply a Calendar. The one to be distributed this year shows an improvement over all its predecessors, as is to be expected with the experience that has been had in getting them out. It is a wall calendar on heavy paper, with tinned top and bottom and an eyelet by which to hang it. It is about 20x30 inches in size, and is printed in several colors. The figures are all large and the Sundays and holidays are in red. Just above each

figure is a smaller one showing the number of days since the first of the year. This is an aid in calculating time. The months are arranged down the two sides of the calendar, and in the center are two artistic and interesting railroad scenes, with the trade mark of the road between. One of the pictures represents the Dixie Flyer as seen going at full speed through the mountains out from Chattanooga and not many miles away from Lookout Mountain, one of the famous sights of the South. The other represents the capture on this road of the engine "General" by the Andrews Raiders, a daring incident of the Civil War with which all of the older generation are familiar.

The contrast between this famous locomotive and the modern big passenger engine is very striking.

Copies of the calendar will be mailed free on application to W. L. Danley, General Passenger Agent of the Nashville, Chattanooga & St. Louis Railway, Nashville, Tenn.

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**LAY OLD THINGS ASIDE.**—A prominent physician in lecturing recently on a case of senile pneumonia at the Philadelphia Hospital said:—

"Hot flaxseed poultices, well made so as to retain their heat for four hours, were kept about the thorax during the day and at night were replaced by a lamb's-wool jacket, for the better part of a week. It is important when poultices are used that they should be well made and should retain their heat for four hours, in order that the patient shall not be continually disturbed to change them."

Fever patients need rest, not only sleep at night, but rest during the day. It is rarely wise to wake the patient, either for food, for medicine, for bath, or for any other application. Save in exceptional instances, sleep will do more to favor recovery than the agent for whose sake it is interrupted."

The time was when the above statements would have received the hearty indorsement of all thoughtful medical men. But this is not the ox-cart, candle, or horse-car age. We are living in the twentieth century. The old things must be laid aside. They are valuable only as antiques.

We have the cleanly and convenient electric light instead of the greasy candle. Why not Antiphlogistine, made of cleanly and aseptic materials and capable of maintaining a uniform degree of temperature for 12 to 24 hours or more, instead of the bacteria-breeding, soggy, clammy linseed and ether poultices?

Most up-to-date doctors say, "Yes, we know all about Antiphlogistine and use it regularly as routine treatment in all cases where inflammation is present and a local remedial agent is indicated."

Picture an individual with temperature 104 to 105, pulse 120-140, resp. 40-70. If any one craves and absolutely needs rest and sleep it is such a patient. A linseed poultice affords a very poor means for the

continuous application of moist heat, nothing more. It cannot be sufficiently well made to retain a temperature of value for more than a half hour. Antiphlogistine need not be changed oftener than once in 12 to 24 hours, during which time a comparatively uniform temperature is maintained. Refreshing sleep is invited, and not hindered. It stimulates the cutaneous reflexes, causing a contraction of the deep-seated, and coincidently a dilatation of the superficial blood-vessels. At the same time it attracts or draws the blood to the surface, flushes the superficial capillaries, bleeds, but saves the blood.

The circulation is thus favorably affected. The aggravating symptoms are almost immediately ameliorated. Congestion and pain are relieved, the temperature declines, blood-pressure on the over-worked heart is reduced, the muscular and nervous systems are relaxed, and refreshing sleep is invited.

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**GERMILETUM—OPPOSED TO GERM LIFE.**—Is without doubt the most perfect antiseptic, germicide, and deodorant. Non-poisonous, non-irritant, slightly alkaline. Unexcelled wherever an antiseptic is indicated. Really a specific in catarrh and eczema, for which it is recommended by many hundreds of the most prominent physicians. The Dios Chemical Company, of St. Louis, who manufacture Germiletum, will furnish, on application, free literature, including clinical reports and certificates of commendations recommending Germiletum as a specific in catarrh and eczema. In addition they offer their complete Visiting List and Call Book for 1905, containing 126 pages; also lock bill file, with full size bottle of Germiletum, Dioburnia, and Neurosine, free, to physicians, they paying express charges.

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**FOR SALE.**—Nice residence in convenient, elegant part of the city of Austin, Tex., for \$2,500 cash; good practice, and office in business part of city thrown in; wish to retire from practice; great bargain. Address Dr. Q. C. Smith, 617 Colorado St., Austin, Texas.

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**A PERFECTED FOOD.**—In the treatment of anaemia is it not true that our first thought, and that to which our instinct should naturally lead us, is a normal blood standard? That there is a deficiency of iron in the blood in most forms of anaemia, is, of course, indisputable; and to endeavor to supply this lack by the administration of iron seems but a common sense procedure. This practice would be sufficient if anaemia were, in reality, nothing more than a condition of iron deficiency; but the profession realize now that the underlying costive factor is a disturbance of the process of nutrition and cell proliferation, and that iron poverty is but one manifestation of this disorder. Ample proof of this fact has been presented to every doctor when he has observed how

anaemic conditions persist in spite of the long continued administration of the various preparations of iron. Here, then, iron preparations must be supplemented by such remedies, or by such a remedy as has the ability to awaken the depressed nutritive and cell proliferating process. To stimulate, tone up, and supply perfect nutrition in all anaemic conditions, I have found Bovinine to meet every indication par excellence.

JOHN GRIGGS, M. D.

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**New Orleans Polyclinic:**—*Eighteenth Annual Session opens November 7, 1904, and closes May 20, 1905.* Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work.

For further information address, New Orleans Polyclinic, Post-office box 797, New Orleans, La.

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## Reviews and Book Notices.

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**A COMPEND OF MEDICAL LATIN,** designed especially for the elementary training of medical students by Wm. T. St Clair, A. M., Professor of the Latin Language and Literature in the Male High School of Louisville; Author of "Caesar for Beginners," etc., etc. 12mo, cloth, second edition, revised and enlarged. Price, \$1.00; pp. 131. P. Blakiston's Son & Co., Publishers, 1012 Walnut Street, Philadelphia, Pa., 1904.

For medical students there should be no need for such a book as this, but there is, and for those who have not had a classical education, or even an elementary course in the Latin language, this little brochure will prove of value.

**QUALITATIVE ANALYSIS BRIEF,** by Alfred Memminger, M. D., Professor of Chemistry, Hygiene, and Clinical Urinary Diagnosis in the Medical College of South Carolina; of General and Applied Chemistry in the College of Pharmacy of South Carolina, etc., etc. Second edition, revised and enlarged; 12mo, cloth, pp. 124. Price, \$1.00. P. Blakiston's Son & Co., Publishers, 1012 Walnut Street, Philadelphia, Pa., 1904.

The author has written this Brief especially for his students in Qualitative Analysis in the College of Pharmacy. Accuracy and clearness of expression have not been lost sight of in this brief little volume. Those who will follow it as a guide will find their work materially lightened. The second edition has a number of marked improvements.

THE PHYSICIAN'S POCKET ACCOUNT Book, by Dr. J. J. Taylor. Published by the author, 4105 Walnut Street, Philadelphia.

This book offers the following advantages: 1. Easily kept — requiring about one-fourth the time of other styles. 2. Simple and easily understood by all. 3. Always up-to-date without posting. 4. Always with you to show any one his account when he wishes to pay. 5. Strictly legal and entirely admissible as evidence. 6. No more expensive than other forms of books.

HAND-BOOK OF THE ANATOMY AND DISEASES OF THE EYE AND EAR. For students and practitioners. By D. B. St. John Roosa, M. D., LL. D., Professor of Diseases of the Eye and Ear in the New York Post-graduate Medical School; formerly President of the New York Academy of Medicine, etc., and A. Edward Davis, A. M., M. D., Professor of Diseases of the Eye in the New York Post-graduate Medical School; Fellow of the New York Academy of Medicine. 300 pages, square, 12mo. Price, extra cloth, \$1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

As a guide to students of diseases of the eye and ear who are in the midst of seeing patients in the dispensaries and clinics, and also as a reference book for the busy practitioner, this little handbook will prove most useful. The authors have taken great pains to see that not only the well established views of the nature and treatment of ophthalmic and aural disease have been presented, but also those that are on trial, while such as have been abandoned receive scanty or no attention. A full and complete index facilitates ready reference.

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## Selects.

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REPORT OF A CASE OF TETANUS FOLLOWING LABOR.—A. Strachstein describes a case of tetanus occurring in a woman of thirty-four, two weeks after normal labor. The disease began with sacral pain and lumbar rigidity, but soon developed the typical symptoms. Recovery followed the injection of 720 c. c. of tetanus antitoxin during a period of about fourteen days.—*Medical Record, December 17, 1904.*

PROPRIETARY MEDICINES.—It is pretty generally conceded, the world over, that every man has a right to have his own opinion, and to follow that opinion so far as he chooses, *unless*, in his enthusiasm, he begins to transgress upon the inherent rights of other men, or to attempt to prevent other men from exercising the prerogative he himself claims. This axiom of liberty should hold just as logically in medicine as in politics or religion, and this is the principle we believe in following. There has been a great "hub bub" over the matter of using proprietary medicines. Personally, we use them when we wish to. However, a certain element in the profession will not use them, and in taking this stand they are only assuming what we concede as their right and privilege; *but*, they go farther, and attempt to keep others from using them, and indeed are contemplating an effort to annihilate the proprietary remedy from the face of the earth. It is easy to show that such action would be a misfortune to medicine, for there are certain proprietary medicines which can not be duplicated either in effect, appearance, or elegance, by contemporaneous preparation in the most expert hands.

There is an association known as "The American Association of State Medical Journals," and at the last session held in Atlantic City, last June, the following principles were proclaimed: (a) No journal of this association shall accept an advertisement of a medicine which is not ethical, and "ethical" shall mean that the product advertised shall have published with it not only the names of its constituent parts, but also the amount of such constituents, so that a definite dosage can be determined. Further, such product must not be advertised to the laity. (b) If a product is marketed under a copyright name, the manufacturer shall furnish with it the proper chemical name, and if not patented, then also the process of manufacture. (c) All advertisements not covered by the above paragraphs, or which contain extravagant or improbable claims, shall be submitted to the executive committee for approval before they can be accepted.

It is well known that few of our "State" journals have a phenomenally large circulation; in fact, it is admitted that very

few of them have many bona fide subscribers who voluntarily pay their subscription price. These journals are kept up by the funds taken from the treasury of the fostering State society. Such journals could continue to exist if they never printed an advertisement; if they never announced anything new; if they were solely made up of clippings from other journals; if they never entered a name on their subscription list outside their own State society; but, what excuse would they have for living? Of what benefit to medicine or to progress in medicine would they be when so emasculated?

A certain man has, by long extended experience, discovered some special manner by which certain drugs can be combined so as to exhibit special virtues in palatability or therapeutic efficiency. He offers his preparation at a fair price. He tells what enters into its composition. In some instances he names the amount of each individual ingredient. Has not this man a right to the fruits of his toil? Has he not a right to keep his preparation before the profession by advertising? The Association of State Medical Journals would deny this right. Very probably, if the proprietor of this combination were to state "the process of manufacture," very few, if any pharmacist could duplicate his product. In some cases special machinery is required; in others an amount of time is consumed in combining, ripening, filtering, etc., which would drive any pharmacist to despair, drink, or deceitful manipulation of the ingredients, and the result would fail to represent properly the virtues which the preparation should embody.

The vote was not taken on the principles which the American Association of State Medical Journals proposed, and the matter was held over until the meeting to be held in Portland next year.

As an editor, we believe we have the right to accept such advertisements as may appeal to us as likely to accrue to the benefit of the medical profession, and as a practitioner of medicine we claim the right to employ any agent or combination which seems to us to be indicated in the treatment of any given case.—*Editorial from The Medical Summary, December, 1904.*

## THE MORPHINE HABIT.

## REPORT OF A CASE.

## EDITOR MEDICAL SUMMARY:

I have been deeply interested in the morphine habit and its treatment for a long time, and have tried many of the much-advertised, so-called home cures on the poor unfortunate individuals that have come to me imploring for help. Reluctantly, though through sympathy, I would take charge of these cases, but when I used one of the above-mentioned remedies I would soon have on my hands almost a raving maniac, and then be compelled to fall back on my own resources, which usually were the bromides (Peacock's preferred), hyoscyamus in some form, with quinine and strychnine as a tonic. In order to relax the locked secretions, I generally give calomel and podophyllin, with hot baths of some kind. Here, by the way, allow me to say that the Betz apparatus would come in most admirably. I have often longed to try it, but thus far I have been compelled to forego its use.

I have brushed along for years, trying this and that remedy, generally "holding the fort until the enemy retreated," as it were, or keeping the morphine away until nature stepped in and did the work. However, I became so discouraged with the difficulties encountered in the treatment of these cases, that I had almost concluded not to accept another one. But, some six months ago, my attention was called to Mandragorine Tablets, for hypodermic or internal use, prepared by the James Alkaloidal Co., of St. Louis, Mo., and after careful perusal of their literature on the subject, I concluded to give this method a trial in the next case that presented itself to me for treatment.

I did not have to wait long before a young man, about twenty-eight years of age, called, asking me to take charge of his case. He was of a rather dark complexion, nervous temperament, intelligent and energetic. His usual weight had been about 145 pounds, but now he was bloated and weighed 180 pounds. Extremely nervous, no appetite, and could not fall asleep until about four o'clock in the morning. At times he was very talkative; other times very sullen, and desirous of being left alone, and on

several occasions he was seen slipping a razor into his pocket, and denied each time (to his father) that he had anything of the kind about his person. When made to give it up he got very cross about it. He was using about fifteen grains of morphine per day, hypodermically. Greatest amount used in one day was twenty-six grains. He says he first began using opium about eight years ago, in California, in one of those Chinese smoking houses, and got so he smoked as high as 125 "coasters" per day. On leaving there, he applied to a physician who said he would cure him, and he put him on morphine.

I gave him calomel, bismuth, and sulphocarbolate of zinc for his bowels, and the bromides to quiet his nerves, but I found in his case the tincture of cannabis indica, five drops to a dose, answered the best, and gradually reduced the morphine to an average of five grains daily. I had him constantly watched, both day and night, but I could see no improvement in his mind — if anything, he seemed to be more rattled, and as he began to clamor for treatment by injection (hypodermic), I secured a case of the Mandragorine Tablets, and started in using them, and, strange to say, I had no more trouble with him, as he began to sleep well, eat well, and quiet down in every way. He began to act and talk with more intelligence, but would still get things mixed up. Before the tablets of the second case were all gone, he discontinued all medicine. He said he had no desire for anything; only when he saw any one smoking, and he smelled the smoke of the cigar, he wanted to smoke too. Yet he does not use tobacco in any form. He used to smoke a cigar once in a while.

The result of it all is that the man is now well in mind and body. It is now four months since he discontinued taking the medicine, and he told me that he had given up all hope before he began treatment, and on several occasions he had made up his mind to commit suicide, but something had happened to prevent him.

This is not written to advertise Mandragorine Tablets, but is a truthful and honest report of a case in practice.—*J. S. Leachman, M. D., Higley, Okla., in Medical Summary.*

AN INTERESTING CASE OF TUBERCULOSIS OF THE LARYNX.—E. H. Griffin describes a case of tuberculous laryngitis which began five years ago, and was remarkable for the fact that three attacks of the local lesion each time going on to the stage of ulceration, were promptly relieved by sending the patient out of the city to Colorado or the Adirondacks. Each time the throat healed, and the patient is still alive, has gained weight, and is able to attend to business. The internal treatment consisted in the use of creosote, and small doses of morphine. The author believes in treating the throat as little as possible in these cases, as violent spraying into the larynx tends to inflame and spread the ulceration. Morphine is less objectionable than any other drug, and the author prefers it to cocaine. Hygiene is all-important, and open windows day and night, proper clothing, not too warm, cold bathing and sponging with alcohol or cold water during the fever, and forced feeding, are the best aids to nature in combating the infection.—*Medical Record, December 17, 1904.*

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THE TRANSMISSION OF SYPHILIS BY BARBERS.—W. T. Belfield gives a list of cases in which syphilitic infection was conveyed by barbers or hairdressers. The data were obtained by addressing inquiries to twenty-five prominent syphilographers, and the list includes two cases which came under the author's own observation. The razor seems to be the least likely source of infection, while the alum-stick, clipper, and forceps are the most frequently culpable. The author calls attention to the frequency with which sore throat and fever, especially in women, are the first discovered symptoms of syphilis. The disease could be minimized, if not virtually eradicated, far more quickly, surely, and easily than can tuberculosis; not by licensing prostitutes nor by educating youth to chastity, but by making the acquisition of syphilis practically impossible through the general practice of circumcision. Subjects of the disease should be urged to take anti-syphilitic remedies for two months in every year after the termination of active treatment, and to inform any physician subsequently consulted for any obscure chronic ailment, of the earlier syphilitic infection.—*Medical Record, December 17, 1904.*

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## Original Communications.

### SPECIAL FRACTURES\*

BY DUNCAN EVE, A. M., M. D., OF NASHVILLE, TENN.

In responding to the subject "Special Fractures," I will present for your consideration some points in diagnosis and treatment of certain fractures of the upper extremity, that usually result in deformity.

Fractures of the clavicle are claimed by many authorities to occur oftener than of any other bone, and while they may occur at any age, they are most often met with in children. Hulke claims that one half of the cases are met with before the sixth year of age. The most usual point of the solution of continuity is at the junction of the middle with the outer third, or where the inner or large curve meets the outer or small curve. That is where the smallest diameter of the bone exists, and where by the

\*Read at regular meeting of Nashville Academy of Medicine, Tue., Dec. 27, 1904.

ordinary means, a fall upon the outstretched hand, the concussion of the same travels up and the body weight travels down, and these two forces compress the bone, which snaps at its weakest point.

The existence of the fracture is easily determined by the general signs of fracture, as well as the altered position of the shoulder, yet I will venture to suggest two symptoms omitted by most text-books. They come under "loss of function," and are first an inability to abduct the arm, and secondly an inability to place the hand of the injured side on top of the head.

Except when the line of fracture is between the two Coracoclavicular ligaments, deformity is the rule, the bone always uniting with some shortening and inequality; which can, in my opinion, be best minimized by placing the patient in a recumbent position upon a hard mattress without a pillow, a firm, narrow pad between the shoulders, a bag of shot over the seat of fracture, and the fore-arm on the chest in a sling, the arm being held to the side by a sand-bag. In two and a half or three weeks' time the patient can be allowed to get up from bed with the fore-arm kept suspended in a sling for a week longer. My experience in every case thus treated, is so satisfactory that I have adopted this plan as a routine, when patients will submit to the confinement. Let me here state when, as I believe you should always do, you suggest the idea of deformity by ordinary treatment, most persons will submit to the bed treatment. Of course, where they will not, the plan then is to employ a Sayre's adhesive plaster dressing, which obtains a fairly good result, but like all other dressings leaves more or less deformity. The plan of wiring the ends in recent fractures to prevent deformity, is well enough, but my trouble has always been never to obtain the consent of my patients.

In many fractures of the elbow joint it is difficult or impossible to obtain and maintain reduction, and therefore complete restoration of the function should never be promised, as considerable stiffness and deformity are inevitable in the majority of cases. This may arise from excessive callus formation. As the result of prolonged immobilization, the muscles contracting and be-

coming fibrinous, or the capsule thickening and becoming ulcerated. It may result from extravasation of blood or inflammatory exudate into the joint with subsequent formation of fibrinous tissue. And finally, the alteration of the normal humero-ulna angle, by which we have the characteristic "gun-stock" deformity, developed, with loss of carrying power. Without taking up your time by going into the various means of reduction of these fractures, I would suggest that when swelling is very great it is best to delay setting for a few days, and have the arm and fore-arm bandaged and laid upon a pillow or light support while a stimulating refrigerant application is employed to reduce, in a measure, the tumefaction. It is always advisable to use the X-ray to confirm diagnosis, and also to employ the same after dressings have been applied, to be sure that the fragments are in good position.

Some surgeons advocate dressing all fractures of the elbow joint in the extended position. Allis warmly supports this plan. He holds that by this means if either condyle is unbroken he secures the benefit derived from a natural splint and also secures the very best circulation. He further contends, by the extended position he has in the condyloid fractures less gun-stock deformity. The trouble with the treatment by extension, is that if much ankylosis ensues, the limb in the perfectly straight position is nearly useless; and too, this plan of treatment requires confinement for a long time in bed. I prefer an anterior angular splint with the fore-arm fully supinated. In this position if ankylosis occurs the member is more or less useful even if the gun-stock deformity should exist. My plan is, to use the anterior angular splint, however, not quite at a right angle, for the first two weeks of treatment, then place the fore-arm in a position of acute flexion. Jones of Liverpool thinks that splints are largely responsible for the stiffness, and he advocates treatment by acute flexion in all elbow fractures except the olecranon. It has been demonstrated that this position forces the fragments into place and holds them firmly between the coronoid process and trochlear surface of the ulna and the triceps tendon. Flexion is maintained by fastening a bandage around

the wrist and neck. The bandage around the neck passes through a rubber tube, which serves to protect the neck. The ball of the thumb should rest against the root of the neck. The bandage is fastened to a glove or leather band around the wrist. This acute flexion maintained for at least two more weeks, and then to begin massage and manipulation, which should be kept up for at least two weeks, make in all a treatment lasting through six weeks, not too long for a child from 8 to 15 years of age. I don't think passive motion or manipulation should be made earlier than  $3\frac{1}{2}$  to 4 weeks' time. It causes, when begun earlier than this time, more harm than good, by increasing ankylosis, to say nothing of the risk of non-union. This is not my position, I desire to be understood, in most fractures.

Fractures of the shafts of both bones of the fore-arm, while not as frequent as of either one of the bones alone, are met with often enough to warrant better results than ordinarily attained. In simple fractures the two lower fragments encroach upon each other, and are drawn upwards and backwards, or upwards and forwards by the combined force of the flexor and extensor muscles. Shortening and projection of the lower fragments on the dorsal or flexor surface of the fore-arm is noticed. The upper fragments are somewhat flexed by action of the biceps and brachialis anticus. The fore-arm is narrower at the point of fracture, on account of the action of the pronators, especially the pronator quadratus, and the interosseous space is more or less obliterated, so that the power of rotation is lost. The fore-arm is prone and the hand is not on a line with the long axis of the fore-arm. Under forced pronation and supination it will be noticed that the head of the radius does not move. Pain, mobility, crepitus, angularity or inequality are all positive symptoms, so that a diagnosis is readily made. It is the plan of treatment we desire particularly to call to your attention, for it is my experience that we are apt to ignore the cardinal principles of treatment, and thus in a goodly number of cases have voluntary pronation and supination been interfered with, and the full usefulness of the member handicapped. These principles I allude to are for the prevention of the obliteration of the interosseous space, and therefore to preserve the power of rotation of the fore-arm.

Authorities advise two well-padded straight splints, one long enough to reach from the inner condyle to below the fingers, the other from the outer condyle to below the wrist, the former on the flexor side and the latter on the dorsal side of the fore-arm, and hang the member in a triangular sling. Passive motion is to be made in the third week, and the splints are to be worn for four weeks. Some surgeons instead of using the splints, make a dressing of plaster-of-Paris.

I am partial to splints, but use my longer one on the dorsal surface of the entire fore-arm and hand, and a short one on the flexor side, extending only from the wrist to the upper third of the fore-arm.

This short one has an elevation or spine in its center by which the radius and ulna are pressed apart, and in this way, adopting the first principle in preserving the interosseous space. The two other rules to adopt, are then, secondly, to have the two splints a little wider than the diameter of the fore-arm along its course; and lastly to place the fore-arm in a right-angled position, midway between pronation and supination, so that the thumb points to the chin and is thus held by a sling suspended from the neck. In this manner, we prevent lateral pressure of the bandage on the fore-arm when the splints are a little wider than its diameter, and also by placing the fore-arm midway between pronation and supination, the bones are fixed in a position where they are farthest apart. I think a plaster-of-Paris dressing for a fracture of both bones should be condemned, as the lateral pressure tends to cause the encroachment of the fragments upon each other in the interosseous space and thus occasions deformity, by destroying the power of rotation. This dressing might do if only one bone was broken, but even then I must confess I prefer wooden splints.

Fractures of the lower end of the radius, Colles's fracture as it is called, has been the cause of more suits for mal-practice than perhaps all other fractures combined. We therefore are very much interested to minimize deformity, which is the rule. It is a very common injury and met with most frequently after the fiftieth year of age, and nearly always due to transmitted

force, as a fall upon the palm or ball of the thumb of the pronated hand. The fracture occurs where the cancellous end joins the compact shaft, about an inch to an inch and a half above the articulation. Some think the force of the fall produces a cross-strain on the bone, as the fracture begins posteriorly rather than anteriorly, and the displacement of the lower fragments with the carpus is upward and backward, giving rise to the characteristic "silver fork deformity." In uncomplicated Colles's fracture the hand is abducted and pronated, the styloid process of the radius is raised, and the lower fragment mounts on the back of the lower end of the upper fragment, causing a dorsal projection. The lower end of the upper fragment can be felt on the flexor side, above the wrist. Pronation and supination are lost, and the hand can be greatly hyper-extended. This latter condition is called Maisonneuve's symptom. Crepitus is only obtained by extension of the hand on the forearm. Shortening and loss of function are also prominent symptoms. Pilcher has demonstrated the fact that in this fracture a portion of the dorsal periosteum is un torn, and this un torn portion acts as a binding band to hold the fragments in deformity. This, we think, together with the action of the force, is true. Hamilton claims the action of the flexor carpi-radialis, the pronator quadratus, and the entanglement of the styloid process of the ulna in the annular ligament, are also causes in the production of the deformity. It is of the greatest importance to thoroughly reduce this fracture. Levis suggests a formula that should be followed; it is, first, to make hyper-extension, to unlock the fragments and relax the dorsal periosteum; secondly, to make longitudinal traction to separate the fragments; and thirdly and lastly, forced flexion to get them in position. For a dressing, Levis' splint maintains reduction and the tense extensor tendons are somewhat controlled. The favorite splint in the East is Bond's, which places the hand in a natural position of rest, with semi-extension of the wrist and deviation of the hand to the ulna side. Roberts uses a straight dorsal splint with satisfactory results. Moore applies a cylindrical compress over the ulna, held in place for six hours with adhesive plaster, and places the

forearm in a sling, and allows the hand to hang over the edge of the sling. Experience with all of the above plans of treatment has caused me to reclaim the Gordon pistol-shaped splint. Not the full angle pistol-shaped splint of years ago, but one that accomplishes sufficient ulna deflection of the hand and fingers, which is placed on the dorsal side of the forearm and hand. A second or short flexor splint is employed, just the same as in fracture of the shaft of the forearm, and for the same purpose of preventing the loss of rotation. These splints, with compresses, are worn three weeks, with renewing the dressing, of course, every three or four days, at which time massage and passive motion is begun. I do away with the anterior or flexor splint during the fourth week. The dorsal splint is worn six weeks. In very old persons I apply, at the end of six weeks, a straight dorsal splint for two weeks longer treatment. If a stiff joint and limited tendon-motion evenuate, I use sorbafacient ointments, tincture of iodine, electricity, and hot water. Sometimes we have to give ether and break up adhesions. However, if my patients carry out directions in the manipulation of their fingers and wrist, and especially in the use of plenty of hot water, a useful member is promised. I insist that all their time must be employed, directly after the splints are removed, in the use of hot water and squeezing a soft rubber ball, and I rarely dismiss the patient under three or four months' time.

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#### COMPLICATIONS OF RHEUMATIC FEVER.\*

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BY D. B. BLAKE, M. D., OF NASHVILLE, TENN.

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*Mr. President:* This subject is not, primarily, of my own choosing, and it may be that I have not quite grasped the exact idea of the committee as to its scope, its limitations, etc. It will be my aim to direct your attention to those conditions arising most usually, during the active stage of an attack of rheumatic fever, and not inappropriately denominated abarticular rheumatism; avoiding, in so far as practical, those other conditions which may be termed secondary or post-rheumatic. It is to be presumed

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\*Read at regular meeting of Nashville Academy of Medicine, Tues., Jan. 3, 1905.

that we will not all agree as to the particular line of demarkation in each and every case.

Furthermore, a treatise on complications arising in rheumatic fever is presupposed to exclude a full consideration of the etiology, symptomatology, etc., of the parent disease—touching upon these important points only incidentally. And yet it must be fully apparent to all that, had we a clear and settled or fixed knowledge of the cause of this widely prevalent disease, we would change our present ideas as to what are complications and what are not.

For instance: If the germ theory be correct (and it has much to most forcibly commend itself to our judgment), and a common point of entrance be the tonsil, then is tonsillitis not a complication but the primary focus of infection. The etiology being so uncertain or unsettled, the study of complications is complicated, but from our present standpoint of knowledge we are agreed that, while all serous surfaces may be the point of selective attack, the most important, because the most frequent and the most serious, of these associated conditions arising in rheumatism is the cardiac group, and of this group endocarditis has the pre-eminence.

Parenthetically: Our remark in relation to the serous membranes is not to be construed as limiting the disease here. And yet it is a question if other parts, as adjacent fasciæ, tendons, muscles, are not affected secondarily, by extension, etc., and never primarily.

#### ENDOCARDITIS.

The advent of this complication during the course of a case of rheumatism is most frequently insidious, and, therefore, unnoticed. This feature becomes a serious one when, in the hands of the careless, the disease has been permitted to work irreparable damage to the delicate structure of the valvular leaflets of this masterful piece of workmanship.

From this fact, the oftentimes mildness, the insidiousness of its inception and progress, we deduce the idea that in every case of rheumatic fever there is present a pathologic condition of these valves, unknown and unknowable though it be. So, too, it be-

comes a most interesting question as to how this obtains. Is this vegetating process a product of one or more germs, deposited here or elsewhere, as is the specific membrane of diphtheria on the mucous surfaces? Sure it is that a growth is found along the marginal surfaces of the valves, that inflammation is an accompaniment, that sooner or later physical signs are manifest, and that in some a train of evil consequences has been set in motion leading to irreparable damage, not to the heart alone, but other organs and parts.

In exemplification: An adolescent has for the nonce lived unhygienically, indiscretely, and in consequence there is an off feeling, concomitant therewith an exposure to cold and damp, following closely thereon sharp pains are manifested in one or more articulations, fever, pain, with swelling, and redness of the joint. At some indefinite period attention is called to the cardiac region; the symptoms are masked but becoming more apparent, relating most frequently to the mitral, next to the aortic, then the tricuspid, and lastly the pulmonary valves. The advance of the pathologic process is not stayed, and yet later there is failure of compensation, with reflux on the lungs and all the attendant complications thereof. Not only so, but from a sluggishness of the blood-flow throughout the system, changes in the liver, kidneys, and the digestive tract from mouth to anus, are entailed. At other times symptoms of malignancy, with ulceration and embolic foci in the lungs, spleen, liver, or brain, may be found, and this primarily or after a remission. This is a series of complications more often overlooked as such than we are aware.

#### PERICARDITIS

Though not so frequent a complication as is endocarditis, bears a close relationship therewith, and the two not infrequently merge the one into the other. Pain may be the first symptom to attract attention, though it is not present in every case. When it is manifest it may range from a simple feeling of precordial distress to an intense angina. Palpation and auscultation will reveal friction in many cases, especially the advanced. Effusion often supervenes, and the resultant distension of the sack may be

extreme. Infection may result in the formation of pus, and this in turn lead to other processes of destruction. A feature in these cases worthy of note is the disposition to cerebral symptoms of varying intensity.

#### MYOCARDITIS.

This, though classed by some writers as a complication, is, in the judgment of your essayist, not properly so called; but, the rather, a secondary resultant from extension of endo- and pericarditis. Here we leave it, with the single remark that however it may originate it is a most serious condition.

#### HYPERPYREXIA.

Shall we consider the sometime extreme range of temperature a complication or merely an exaggeration of an ever-present symptom? The latter is surely the more proper. However, it is pertinent to remark that this range of fever, reaching sometimes as high as 110° F., is usually found in cerebral complications. Though not frequent it is of ominous import; the more so should convulsions or coma supervene. Unexplained though it be, there seems to be in some instances a cerebral predisposition. Irritable, hysterical, melancholic, and epileptic subjects are prone to this form. There may be spinal involvement, manifested by symptoms from the mildest type to paraplegia or tetanic convolution.

#### PLEURITIS.

This is occasionally found to coexist, either as a result of the infective agent selecting this serous surface primarily, or by extension of the inflammatory process from the pericardium. Should pneumonia occur, it may be also from extension, pleuro-pneumonia, or by implantation of the pneumo-coccus on a field favorable for its propagation.

Another serous membrane, the peritoneum, may suffer from this same poison. Tyson cites a case as occurring in his own practice.

#### THE SKIN

May be said to exhibit complications in the form of sudamina and erythema, but they are worthy of little consideration. Subcutaneously, attached to the tendons or fasciae, nodules are some-

times found, most often in children and on the fingers, causing disfigurement but no pain. Appearing quickly, they remain for weeks or months, and are considered by some as pathognomonic of rheumatism. They are composed of round and spindle-shaped cells.

We mention chorea, urticaria, and peliosis rheumatica to express our disbelief in their being complications of rheumatic fever.

#### TREATMENT.

A few remarks in regard to the management of some of the foregoing conditions.

In all, but most emphatically in the cardiac, an ounce of prevention is worth more than a pound of cure. The wary practitioner will heed this, and carefully guard his patients with wise counsel, as well as with such medication as is called for in each individual case.

Particularly in endo- and pericarditis rest is imperatively called for; rest in bed, in properly ventilated and warmed apartments, with such environment of body as will most promote the activity of the skin, secure a plentiful supply of pure air for the lungs, and quiet the heart. The better to secure the latter, an occasional dose of morphia is often indicated, not merely to relieve pain, desirable as that is, but to steady and slow down an over active, excited muscle. Again, possibly in no other way can we so wisely, so rationally secure sleep as in sedulously looking to the comfort of the patient.

Another prime factor in reaching success is nutrition. Hereon rests a great problem. How to so feed our patients as to secure good and not evil results therefrom has taxed many a faithful medical student to the utmost. The harsh dictum of that no less harsh physician of the eighteenth century, Abernethy, "Six weeks and starvation," is no longer tenable. A good quality of milk comes nearest to fulfilling the requirements of a suitable food. Eggs and underdone, fresh, tender beef in moderation, with the cereals, if well admixed with the saliva, are all admissible. Pure olive oil, if obtainable, is most valuable both as a food and for external application. Most authorities advise the free

use of acid fruits. To our mind this is an error, not only from theory but from observation. Fruits and vegetables are to be used with much circumspection and care. Too frequently are they provocative of mal-assimilation, which, in turn, can but aggravate our diseased parts. For whatsoever be the prime factor in setting up this disease, with its complications, a faulty metabolism will surely protract the process.

Pure water should be used freely, but excess in this, as in any other fad, is hurtful. Elimination is to be promoted by every avenue, while the further safety of the heart is sought by the administration of salicylates, alkalies, opiates, etc.

In some cases of pericarditis it will be advisable to resort to flying blisters; in others to the ice-pack over the heart.

In hyperpyrexia cold is to be relied on, and should be used promptly and for effect.

In conclusion, let it be borne in mind that in treating any or all these conditions dependent upon a rheumatic diathesis, the salicylates (preferably from the gaultheria) are to be tried, care being observed in regard to the heart and to idiosyncrasies.

The mildly alkaline waters, especially such as contain lithia salts, are in most repute.

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### *Abstracts.*

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#### ON ICTERUS FROM INSECT BITES AND GALL-BLADDER DISEASES.\*

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BY DR. W. BAUEMEISTER, SPECIALIST FOR DISEASES OF METABOLISM AND OF THE GASTRO-INTESTINAL TRACT, BRUNSWICK, GERMANY.

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There not infrequently occurs, as a consequence of the bites of various insects, a more or less extensive urticaria, with general dyspeptic symptoms of a gastro-intestinal catarrh. Sometimes yellowness of the sclerae and of the skin demonstrates a duodenal catarrh. Reciprocal action of the skin and the intestinal tract is

\* Abstracted from *Therapeutische Monatshefte*, May, 1904.

a common phenomena, but the latter is usually the first factor, as in herpes, furunculosis, etc. In the cases under consideration the trouble emanates in the skin. This is analogous to the occurrence of gastro-duodenal ulcerations after burns, for which the explanation is possibly some physical change in the bile (pleiochroism). Violent irritation of the skin may occasion gastro-intestinal ulcerations, and lesser disturbances may cause a hyperæmic swelling of the intestinal mucosa and a so-called catarrhal icterus.

These effects of insect bites the author himself experienced. While visiting a university town in 1901 he was so bitten by bed-bugs that he had a severe urticaria lasting two weeks. The attack left him with dyspepsia and so depressed that he had to go to the mountains for recuperation. A violent acute gastro-enteritis compelled him to return home. While convalescing therefrom he was suddenly seized with a gall-bladder colic, which recurred at frequent intervals, and was accompanied by tension in the region of the liver and marked swelling of that organ. There was no icterus or marked excess of bile pigment in the urine. The cholecystitis lasted for months, despite the regular use of Carlsbad water.

He then proceeded to a systematic disinfection of the biliary system, as the cholecystitis was dependent upon an infectious catarrh. For this purpose salicylic acid is our most effective remedy; it is in part excreted by the gall-bladder walls, the seat of the catarrhal process, and there develops its antiseptic action. An abundant flow of bile is the best natural antiseptic for the biliary passages, and to effect this we have no agents more powerful than salicylic acid and sodium oleate. The author had pills made up containing  $1\frac{1}{2}$  grains of each, and later added menthol and phenolphthalein as analeptics and to mildly stimulate intestinal activity. These pills, named probilin, are difficult to prepare, but they are easy to take. In the morning before breakfast and in the evening before retiring he took 3 to 4 pills, slowly drinking thereafter about a pint of water. After two 20-day courses of this treatment, with a fortnight's interval between, he gradually mastered the gall-bladder infection. He ascribes

his recovery entirely to the disinfectant and cholagogue effect of this treatment, and is strengthened in his conviction by the fact that he has succeeded during the past eighteen months in practically curing between sixty and seventy cases of cholelithiasis with and without the passage of gall-stones; only two cases did he have to have operated on. On the basis of these observations he states that the systematic use of salicylic acid with acid oleate of sodium will help when all other methods, such as Carlsbad with and without rest, eunatrol, turpentine, olive oil, etc., do no good and the sufferer is face to face with the knife. He details a number of his cases.

The treatment is equally efficacious in some cases of bile stasis without concretion formation, *i. e.*, as sometimes observed in cirrhosis of the liver. It appears in the form of a chronic cholangitis, with possibly a slight icterus and irregular intermittent fever and slight chills, general malnutrition, etc.

The exact reasons for the increased passage of concretions under the probilin treatment is not quite clear. Two halves of a gall-stone, equal in size and weight, were immersed in plain water and a probilin solution. The first showed no change after several days, while the second was noticeably smaller and covered with a sticky, slimy coating which the microscope showed to be composed of saponifying cholesterol crystals. The cholesterol rhomboids were softened and polypoid at their edges, showing that they were undergoing solution. The crystals were finally replaced by a mass of softened matter. While this may not occur to the same degree in the gall-bladder, it must do so to some extent, since both salicylic acid and soaps are excreted into the viscera. Laboratory reactions also show that not all concretions are equally subject to this solvent action. Bilirubin-lime stones, pea-sized examples of which are found not infrequently in the common duct, are recalcitrant to it. And since the salicylic-oleic acid medication acts on these also, its effects cannot be attributed to chemical solution alone.

When the concretion is not simply entangled in the duodenal papillæ, so that it is washed down by the fluid from the stomach, the effect must be due to the increased vis a tergo from the cho-

lagogue action of the remedy, together with the diminished mucosal swelling from the effect of the salicylic acid on the catarrhal process. In point of fact the softness and friability of the calculi found in the gall-bladder and ducts when operating on patients who had had probilin, were very noticeable.

In a postscript the author expresses his gratification at the fact that Dr. Kuhn, Chief Physician in the Elizabeth Hospital at Cassel, a well-known authority in hepatic disease, recommends in the *Berliner Klinik* of June, 1903, salicylic acid and oleate of sodium as the two most reliable drugs. In the Congress of Naturalists at Cassel, Kuhn reiterated his belief in their efficacy and advised the addition thereto of menthol, which is virtually the composition of probilin.

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### EXODIN, A NEW CATHARTIC.\*

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BY DR. ALFONS STAUDER, SPECIALIST FOR DISEASES OF THE STOMACH AND INTESTINES, NUREMBERG, GERMANY.

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The author desires to call attention to a cathartic which has very important advantages over the many old and new purgative remedies hitherto known. It is exodin, diacetyl-rufigallic-acid-tetramethyl-ether, a greenish-yellow substance melting at 356° to 374° F. As is shown by Professor Ebstein's report on this remedy, preliminary experimentation proved that rabbits bear 7½-grain doses very well and that this amount in human beings exerts a mild purgative action.

As suggested by Ebstein, Stauder gave to adults 2 to 3 tablets @ 7½ grains and to children 1 tablet. As it is tasteless and odorless, patients take the remedy without difficulty. The drug never causes any unpleasant symptoms whatever, no nausea, eructation or gastric oppression; even patients suffering from ulcer of the stomach can take it at all times without the least ill effect.

Its tastelessness gives exodin an important advantage over castor oil and cascara sagrada. Its action is slow; and here his experience differs from that of Ebstein, for he found that it takes

\*Read at the Nuremberg Medical Society, April 21, 1904; abstracted from the *Therapie der Gegenwart*, June, 1904.

on an average 18 to 24 hours to manifest its effect. Action in 8 to 12 hours only occurred in mild cases of chronic constipation or when repeated doses had been given. This slowness of action proves that the drug, in contradistinction to the rapidly-acting purgatives, has no injurious or irritant effect on the intestinal mucosa. Exodin does not occasion a sudden and temporary downward peristalsis of the intestinal coils; it has a slower and more protracted stimulant action. This explains the facts that gastric pains and colic are absent; that the evacuations with rare exceptions are soft and formed, and diarrhoea is hardly ever seen; and that its action, which lasts several days and only gradually subsides, is not followed by constipation.

The author here appends a number of illustrative cases, which clearly evidence the splendid action of the remedy.

The most suited cases for its exhibition are acute and chronic obstipation in otherwise healthy persons, the so-called atonic forms, and also the cases in which regular defecation must be stimulated in consequence of hemorrhoids, intestinal stenosis, twists in the colon, etc. Ebstein warmly recommends its use in pregnancy, even in the early months where all other purgatives may be useless. It does not lose its efficacy when used repeatedly at intervals. Spastic obstipation, intestinal paralysis and coprostasis with large fecal accumulations are of course little suited for the remedy. Here warm oil enemata are preferable; and after the scybalæ are softened exodin can be warmly recommended to facilitate their evacuation in the place of the customary castor oil or calomel.

By examining the faeces before and after employing exodin, Stauder satisfied himself that increased production of mucus or other symptoms of irritation of the intestinal mucosa never occur.

For these reasons he agrees fully with Ebstein's conclusions as to the value and efficacy of exodin. The certainty and constancy of its action and the entire absence of unpleasant by-effects assure for it a very prominent position among the purgatives. Of course it goes without saying that a careful physical examination of the abdomen to determine the nature and cause of the faecal retention is a necessary preliminary to the institution of treatment in every case.

## Clinical Reports.

### CLINICAL SOCIETY OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.

*Stated Meeting held December 5, 1904.*

The President, Dr. Daniel S. Dougherty, in the Chair.

#### NEW ADENOID FORCEPS

Dr. George B. McAuliffe presented a new adenoid forceps, the principal feature of which was the safety with which it could be used by beginners in this line of work. Mutilation of the parts, except the adenoids, was avoided. The instrument could be taken apart and thoroughly sterilized, and the parts could be interchanged, thus making it possible to use different sized cutting blades with the same handle. The cutting blades were hinged behind and were swiveled on the handles. The instrument is made by Kennedy and Frech.

Dr. F. J. Quinlan opened the discussion of these forceps, saying that in his opinion the angle was a little too sharp. Most of the growth comes on the superior and posterior wall, and in his opinion the instrument would be much improved if the angle were such that in resting on the incising path it would remove the tissue from the growth foci. He thought, however, that the instrument was very practicable.

Dr. D. J. McDonald said that he had seen the forceps used at operations, and they were thoroughly practicable, but of course did not dispense entirely with the curette. He thought this instrument, used in connection with Dr. Quinlan's forceps, would bleed any case of adenoids, and thought that one instrument should be used to supplement the other.

#### PATIENT DEMONSTRATING THE USE OF THEOCIN IN THE TREATMENT OF NEPHRITIS

Dr. A. Reich presented this patient, a boy eight years of age. His family history was of no importance, and he had always

been well himself until he developed measles at three years of age. When one year old he began to drink beer and California wine at supper time. From half a tumblerful he gradually took a tumblerful of either beer or wine, and was intoxicated several times from the effects of brandy and whisky. In March, 1903, scarlet fever developed, followed in May by nephritis, showing slight oedema under the eyes and face. The urine contained considerable albumin, large epithelial casts and fine granular casts. His condition grew gradually worse, until, in July, there was general anasarca, the abdomen at the umbilicus measured thirty-five inches, and there was oedema over the right lung, posteriorly below the angle of the scapula. There was a pleuritic exudate on the left side up to the sixth rib; pericardial dullness also increased. The patient was very short of breath, temperature was  $101^{\circ}$  and pulse 96. He passed four ounces of urine in twenty-four hours. The treatment up to this time had consisted of milk diet, cereals, Vichy water, calomel, acetate of potash, digitalis and hot baths. The treatment was now changed to diuretine and Jalap, and to relieve the distress he was tapped and five and a half quarts of water removed. The urine increased at once to eight ounces per day, but gradually the abdomen filled again, in spite of high salt irrigations, hot packs, etc., and it was necessary to tap him every two weeks. After tapping him, a No. 1 soft rubber catheter was left in the abdomen for constant drainage, and another time five strands of silk worm gut were put in, but each time a localized peritonitis made its removal necessary in from twelve to twenty-four hours. In September his condition continued the same, with the addition of a distinct caput Medusæ. He was tapped for the last time on November 18th, and on December 1st he was given his first dose of theocin, which caused an increase of urine to a cup full a day, and in four days, to four cups full a day. He was left in this condition for a few days, when the abdomen began to swell again, and the urine dropped to eight ounces, when theocin was again given for one and one-half weeks. The anasarca disappeared completely, and never returned, and now (a year later) the urine contains no albumin. The theocin was given,  $2\frac{1}{2}$  grains, four times a day.

**RESULT FROM OPERATION FOR CLEFT PALATE**

Dr. J. A. Bodine exhibited a girl eight years of age, with a result from an operation for cleft palate. He stated that these operations were regarded by surgeons in general with trepidation, because of the many mechanical difficulties in effecting a closure and of the many disappointments in the healing. Tension upon the stitches after suturing, plus an infection in the suture-line always present in the mouth, are the main causes of failure. In the obviation of tension on the flaps lies the thoroughness of the denudation of the muco-periosteal flaps. Some study should be given to the position of the foramen accommodating the exit of the anterior palatine artery, because destruction of this vessel will cause sloughing of the flaps. If Rose's position is thoroughly understood, there is no interruption of anesthesia and no entrance of blood into the larynx. As the soft palate approaches the hard palate, it divides into two layers, the upper layers covering the floor of the nose, the lower one the roof of the mouth. When the soft palate has been thoroughly separated from the posterior edge of the bony hard palate, the upper layer, or that continuous with the floor of the nose, is divided. As the preservation and improvement of speech is one of the incentives to these operations, it is necessary to preserve the integrity of the tensor palati and levator palati muscles. The old method of making a wide lateral incision into the soft palate of course destroyed these inevitably. Instead of cutting these muscles, the hamular process of the sphenoid bone around which winds the central tendon of the tensor palati muscle should be fractured, which throws this muscle out of position temporarily, while healing takes place. Later on, this same muscle is able to do its work in assisting the child to phonate correctly.

In the speaker's opinion, it is fatal to success to use cat-gut, kangaroo tendon, or silkworm-gut for sutures. The absorbable ones are uncertain in stability, and almost certain to result in infection, while the silkworm-gut cannot be tied with smoothness, and the projecting ends irritate the child's tongue. Silk is in his opinion the proper material, but the capillarity of the silk strands should be destroyed by immersion in tincture of ben-

zoin before use. In the after-treatment of the child, it is well to keep the atmosphere moist with a steam kettle.

Dr. D. S. Dougherty said that he had performed one or two operations for cleft palate, using Dr. Bodine's method, and the results had been very satisfactory.

Dr. Quinlan said that it was rather difficult, after the successful performance of an operation for cleft palate, to teach a child as old as the patient exhibited by Dr. Bodine to use muscles which had either been completely atrophied, or had never been used. These muscles should be stimulated in some way, as the resultant vocal effects were among the most important results of these operations. These children should be especially drilled in saying words that they never have pronounced before, especially words where resonating force is required.

#### RESULT OF SCHWARTZE-STACKE OPERATION FOR MASTOIDITIS

Dr. G. B. McAuliffe presented a young girl on whom the Schwartz-Stacke operation had been performed for otorrhœa. A double Stacke operation was performed, and while it did not take the preservation of hearing into as much consideration as the prevention of cerebral metastasis, nevertheless the girl is able to hear ordinary conversation without betraying any aural disability, while the cosmetic effect of the operation is furthermore perfect.

Dr. Earl Connor, in discussing the case, said that while the wound was very extensive, if the girl retained any part of her hearing, the operator was to be congratulated upon the result.

Dr. D. J. McDonald said that usually after a radical operation the patient is unable to hear, and consequently this case was very interesting.

#### ULCERS OF THE LARYNX FOR DIAGNOSIS

Dr. McAuliffe also presented a man who had four ulcers on the throat, two anterior to the posterior pillars and two on the posterior wall of the pharynx. Examination of the tissue by a pathologist failed to reveal anything characteristic, and there was no history of tuberculosis, syphilis, or carcinoma. The speaker said that he had been unable to make a positive diagnosis, and

asked if any one in the Society had had a similar experience. Inunctions of mercury had benefited this patient greatly for a week, and for lack of a better diagnosis it was categorized as a tertiary specific lesion.

Dr. Quinlan said that for a long time he had divided ulcerations of the throat into diphtheritic, malignant, specific, or tubercular, but upon reviewing the literature upon this subject some time ago, he discovered that the Germans have an idiopathic ulceration. There is a form of pharyngitis in which the system is much run down, and the tissues of the pharynx sometimes present superficial erosions and then break down and these little sores result. The speaker said that he had treated a patient presenting a similar condition to that shown by Dr. McAuliffe's patient with arsenic, and that the patches had disappeared completely. He thought the average physician too apt to class these idiopathic ulcerations as syphilis.

Dr. Dougherty said that he had seen a patient, a young girl, fifteen years of age, presenting almost the identical appearance of the patient presented by Dr. McAuliffe. She had been examined by several laryngologists, and examination of her chest, sputum, and tissue were negative. Under iron and arsenic, the condition cleared up.

#### CASE OF BILATERAL CERVICAL RIBS

Dr. E. A. Aronson presented a middle-aged woman who came to the clinic two weeks previously, complaining of a neuralgic pain in the back of her head, shoulders, and back. Examination of both sides of the neck revealed the presence of a hard bony growth, more prominent on the left side, and over which a marked pulsation could be felt, with a distinct thrill. On examining the more prominent bony growth on the left side, it was found to extend backward to the vertebral column. An X-ray photograph of the patient confirmed the diagnosis of bilateral cervical ribs. The patient complained that the pain was most marked at night, shooting downward to the left hand, and the rib on this side will be resected.

Dr. Milton Franklin exhibited a radiograph of a case almost identical with that of Dr. Aronson. The patient had noticed a

bony protuberance on the left side of the neck. There was no pain, but there was a distinct bruit and a thrill. The radiograph revealed the presence of an extra rib on either side of the vertebral column. On the left side there was an extra bone between the vertebra and the rib. The rib articulated with the sternum in the usual manner of the first rib, and corresponding with the second rib was an extra rib which ended in a wedge-shaped point passing outward and downward. On the right side the extra rib came first. It was in all respects similar to that on the left side, and the second rib resembled an ordinary normal first rib.

**DEMONSTRATION OF SPECIMEN OF COMPRESSION OF LARYNX DUE  
TO SARCOMA.**

Dr. Dougherty presented this specimen. The patient had presented himself at the dispensary some weeks previous to operation, suffering from extreme dyspnea and some emaciation, but no pain and no dysphagia. Examination of the larynx revealed a large mass on the right side, involving the glands of the neck, crossing over to the larynx and involving the arytenoid on the opposite side. The patient appeared a week later with more pronounced symptoms, and the condition was then diagnosed as sarcoma. Prof. Quinlan saw him shortly after this, and advised tracheotomy, which was performed the same evening, under chloroform anesthesia. The knife was plunged in rapidly, the tracheotomy tube inserted, and the patient took one long breath, expelled the air and expired. The speaker thought that the patient's death might possibly be explained by the reaction which followed the shock to the inhibitory nerves and paralyzed the heart. One side of the larynx was pressed almost to the opposite side, the lumen was entirely diminished and there was no breathing space whatever.

Dr. Quinlan said that he had advised the operation performed by Dr. Dougherty, but he now thought that local anesthesia might have produced more favorable results than did the chloroform. In these cases, under general anesthesia, there seems to be a vasomotor paralysis, and the mucous membrane becomes more or less oedematous; there was probably an encroachment upon the constricted lumen of the larynx, and a certain amount of mucous

exudation, and the speaker thought that cocaine or some anesthetic used on the outside of the throat might possibly have produced better results.

Dr. Bodine said that he had been present at the operation and advised against the use of cocaine as a local anesthetic, because of the depth of the trachea in a thoroughly swollen neck, where the tracheotomy had to be done so low that the large venous trunks at the root of the neck were in danger of being cut. There was a possibility of uncontrollable hemorrhage, that made, in his opinion, the use of local anesthesia in this case unadvisable.

Dr. V. C. Pederson said that it was well known that when a patient has a respiratory difficulty in a conscious state, the difficulty will be increased in unconsciousness under any general anesthetic. He therefore thought all these cases should receive combined anesthesia, morphia freely, cocaine as far as possible, and then some general anesthetic. In the case of the patient under discussion, however, cocaine would probably have had to be abandoned because of the depth of the wound. He would advise administering a large dose of morphine prior to anesthetization in these severe cervical cases. At the Roosevelt Hospital the speaker had anesthetized many patients with serious throat lesions, and by combining local with general anesthesia and morphine, had been very successful. In one goitre case, only half the growth could be removed at one sitting, although the trachea was involved and deformed. The patient was kept under morphine, and just a little ether for stopping the pain which the morphine failed to alleviate.

Dr. Dougherty said that the idea of local anesthesia had been discussed at the time of the operation, but with local anesthesia, the co-operation of the patient was required to a greater or less extent, especially in tracheotomy, and the patient was very nervous and exhausted and almost dying, and could have given no help whatever. Dr. Bodine, who was present at the operation, agreed with him that the possibilities were that the mass could not be dissected out under local anesthesia, and chloroform was therefore administered. In regard to position, it was necessary to

keep the patient's head in a particular position to allow him to get any inspiration whatever, and the operator worked with the chin slightly flexed.

#### REPORT OF AN OPERATION FOR MASTOIDITIS

Dr. Quinlan reported the history of an infant seven months old, on whom he had operated recently for mastoiditis. When he first saw the patient there was an entire absence of symptoms, except a small nodule at the lower junction of the ear. Temperature, pulse, and respiration were normal. The patient's mastoid process was opened, and the pus poured out, the entire epiphysis being in such a condition that it appeared ready to fall in, and so soft that it could be scraped away. This was hurriedly done and the operation was rapidly concluded, as the child's pulse ran up to 212 at the operation. The point the speaker wished to emphasize was the necessity of making an exploratory incision under proper aseptic conditions, despite the absence of symptoms, as twenty-four hours' delay might make a decided difference in the prognosis of the case. The patient was doing nicely, with a normal pulse and temperature, a week after the operation.

#### GANGRENE FOLLOWING THE USE OF STOVAINE AS A LOCAL ANESTHETIC

Dr. D. A. Sinclair showed a case of gangrene of the skin of the penis following the use of stovaine as a local anesthetic for circumcision. This was one of four cases on which the stovaine had been used. The strength of the solution was two per cent. In one instance a simple meatotomy was performed, and only ten minimis of a two per cent. solution were used. The patient complained of a sensation of sickness and nausea in the stomach, and as fainting was imminent, had to be placed in the prone position. This case, at the end of a week, showed gangrene of the glans penis at the site of injection of the stovaine. The two following cases were circumcisions. The patients were both strong, healthy individuals: the first experienced pain during the stitching process, but did not feel faint or sick. The second, a strong, healthy young man, about thirty years old, weighing about 190 pounds, was stovanized with a two per cent. solution also, and he complained of pain from stitching at the latter half

of this process, and after the operation was completed complained of severe nausea and sickness in the stomach, syncope was imminent and he had to be placed in the prone position. These two cases showed a gangrenous area almost identical, the gangrenous process extending along the skin of the penis at some points a quarter of an inch, at others up to three-quarters of an inch at least, and although the operations were performed about a month ago, the patients have not as yet recovered. The conclusions of the speaker were that stovaine is not as efficacious as cocaine in its anesthetizing effect and is as toxic as cocaine, produced gangrene when used in this strength, and is consequently a most dangerous drug. He had used it in a case of ischio-rectal abscess, and the man complained most bitterly of pain, claiming that he felt every step of the operation.

Dr. Earl Connor read the paper of the evening, which was entitled :—

INFLAMMATION OF THE OPTIC NERVE DUE TO ALCOHOL AND  
TOBACCO POISONING

He said that inflammation of the optic nerve due to alcohol or tobacco poisoning, or both, may be acute or chronic. The acute cases are the result of the ingestion of an overdose of the poison. The symptoms are a rapid reduction of the visual acuity, even to light perception only, within a few days. Vision is subject to variation, and partial recovery may precede permanent blindness. The ophthalmoscope shows a congested nerve head, with blurred edges, dilated veins, and perhaps some small hemorrhages. Prognosis is usually bad, but a useful degree of vision may follow early and persistently energetic treatment.

The chronic form yields readily to abstinence from the exciting cause. There is variation in vision, and the prognosis depends on the early recognition of the disease, so that the inflammation may be checked in its incipiency. The pathologic changes in the chronic cases he thought degenerative, but said that differences of opinion existed regarding this point. Prognosis is good in the first attack, but proportionately less so in recurrent attacks.

Treatment consists in total abstinence from the toxic agents known to produce the disease. Active diaphoresis assists in the

elimination of the poison. Strychnia pushed to the limit of toleration is probably the best remedy, and the iodides are of value in stimulating the absorption of exudates. Plenty of sleep and fresh air, good food, and proper exercise are also necessary.

Dr. McAuliffe said that he thought the optic nerves were affected more by pipe smoking than by any other form of tobacco. He had seen one patient in whom this condition had been produced by cigarette smoking.

Dr. Perry Hough said that he wished to emphasize the fact that a slight amount of alcohol would keep up the inflammation of these nerves. The patient may have been abstaining absolutely from alcohol, and have been treated with strychnia and hydriodic acid, with marked improvement, and he will return to the doctor with a decided relapse, and questioning will reveal the fact that he has had one or two drinks. The patient must abstain absolutely from the exciting cause, if there is to be any permanent improvement.

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## TWO CASES REPORTED AT REGULAR MEETING OF THE NASHVILLE ACADEMY OF MEDICINE.

*Tuesday, Oct. 11th, 1904.*

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BY LUCIUS E. BURCH, M. D., OF NASHVILLE, TENN.

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### CASE. I. TYPHOID INFECTION OF GALL BLADDER—OPERATION— RECOVERY.

Mr. M—, aged 39. Morning and evening temperature were normal for a week following typhoid fever. At one o'clock in the morning of August 24 he was seized with a severe pain in the epigastrium associated with a profuse vomiting of bilious material. As the pain increased in severity his physician, Dr. Wither-spoon, was notified, who ordered  $\frac{1}{4}$  grain hypodermic of morphia. This, however, gave him but little relief, and Dr. W. asked me to see him at eight that morning. I found him with temperature normal, pulse 64, abdomen soft, with, however, slight tenderness in epigastrium and over gall bladder. Pain was somewhat re-

lieved by hot applications, but vomiting continued intermittently. At two-thirty that afternoon, he had a chill lasting ten minutes, and temperature rose to  $104^{\circ}$ —pulse 112. A sponge bath and enema were ordered; bowels moved well, temperature dropped to  $102^{\circ}$ , pulse 116; vomiting stopped, pain but slight and limited to region of gall bladder. Patient had a fair night, but at ten next morning had another chill lasting ten minutes, temperature rose to  $103^{\circ}$ , pulse 130; slight rigidity of upper right rectus, lower part of abdomen soft; no mass could be detected, but on palpation pain over gall bladder was apparent. Vomiting started again after the chill. I diagnosed typhoid infection of gall bladder, and advised immediate operation. Family asked for further consultation, and when consultants arrived patient was having another chill, so we had to postpone consultation for twenty minutes. After this chill temperature  $103^{\circ}$ , pulse 140 and barely perceptible, and patient quite blue. Diagnosis agreed to by consultants, patient operated on immediately. Gall bladder distended with a blackish pus, and at tip a necrotic spot just ready to rupture. The usual cholecystotomy was performed, the patient put to bed in as good condition as he was before operation. Next morning temperature  $99^{\circ}$ , pulse 100, and from there on an uneventful recovery.

#### CASE. II. ECTOPIC GESTATION—TUBULAR ABORTION.

Mrs. T—, aged 25. Family history negative, has been married six years. Had three abortions before giving birth to a child. Has one child three years old, labor easy and normal; menstruation returned eight months after labor, and from that time on has occurred every three weeks; flow lasts five days, rather profuse and without pain. Seven weeks ago flow occurred at regular time and lasted ten days associated with cramping pain in left side.

In a week's time flow returned again and pain at this time was so severe that she was compelled to remain in bed for two days. In a few days, however, she felt perfectly well and went out for a buggy ride, and on getting out of the buggy on her return she was again seized with this cramping pain, and it was so severe

that she fainted ; she was taken into the house, put to bed and quietly rallied and next day was up again. From this time on there was an intermittent flow from the uterus, slight in character. At the end of four days on getting out of bed one morning she was again seized with this severe pain and I was sent for. I found her with pulse of 96, temperature 97°, anxious expression, no rigidity of abdominal muscles ; on digital examination I found uterus normal, cervix rigid, and no mass in either fornices or cul de sac. There was no discoloration of areola and no history of morning vomiting. I told the family I suspected extra uterine pregnancy, but could not find sufficient local symptoms to advise operation. As I was leaving the city for two weeks I told her to remain in bed, and if she had the least trouble to summon a physician immediately. On my return two weeks later, she informed me that she had had no more severe attacks, although there was still a cramping in left side increased on exertion and that the flow during this time had been intermittent. At this examination I found a mass the size of a large marble in the cul de sac, and another on left side as large as three fingers. Operation was advised and agreed to by consultant, Dr. Wither-spoon, and also the family. She was removed to St. Thomas' Hospital and just as I opened the peritoneum there was a gush of bright red blood, showing that rupture had occurred from the examination just before operation. A large blood clot was found in cul de sac and a partial tubal abortion on left side. Patient stood the operation well and is now on high road to recovery.

This case well illustrates several common points concerning ectopic gestation — namely, that amenorrhea is often absent, that in many cases there is no change in areola and no vomiting, and that the most common termination is tubal abortion and not rupture.'

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ECONOMICAL.—A society of women in Berlin has recently presented a petition to the Prussian Minister of Education, praying for the prohibition of corsets in young ladies' schools on the ground that this garment is prejudicial to the health of the growing girl.—*For the prevention of "waist."*

## *Records, Recollections and Reminiscences.*

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### SPECIAL NOTICE.

The Association of Medical Officers of the Army and Navy of the Confederacy will hold its next annual meeting in Louisville, Ky., Tuesday, Wednesday, and Thursday, June 6, 7. and 8, 1905.

JNO. S. CAIN, M. D.,  
President.

DEERING J. ROBERTS, M. D.,  
Secretary.

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### *Obituary.*

DR. G. S. WEST.—Died at his home in Palestine, Texas, December 27, 1904, Dr. G. S. West, aged 81. Dr. West was one of the most distinguished surgeons in the Confederate army, and was the first one to whom a commission was issued by the war department. Dr. West graduated from the Medical Department of the University of New York in 1854. When yellow fever broke out with great violence in Norfolk, Virginia, in 1856, he went from his home in New York to the stricken people and gave his services freely to all classes. After the epidemic was over the citizens were so pleased with him and so grateful that they gave him a residence and guaranteed him \$3000 a year to remain amongst them. He accepted it. When the war broke out they said to him, "We know you wish to go North and go in the Union army; do so. After the war, return to us, and live with us." Dr. West said, "I cast my lot with the South when I came here. I will enter the Southern army." He did so, and filled many positions of honor and usefulness. During those terrible last days around Petersburg and Richmond he was

chief of the operating staff in the field. I was on duty with him in the hospitals in Georgia in 1864, and new him well. Our acquaintance and friendship remained unbroken up to the day of his death, and I rarely ever met a man who possessed as he did so many excellent and lovable qualities. In his latter years he became very deaf,—due to the cannonading about him at the downfall of the Southern capital and Petersburg,—and while able to make a living he underwent many privations. His only child, a son, died after reaching man's estate. His devoted wife is his sole survivor. Peace to his ashes; and may that peace that passeth all understanding be with his bereaved helpmate and companion through all her struggles and adversity.—*Daniel's Texas Medical Journal.*

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### *Editorial.*

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#### "PUBLIC CARE OF THE INSANE PENDING COMMITMENT."

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"Some months ago, in one of the largest cities of the country, a young foreigner became suddenly insane at his boarding-house. He was hurriedly sent to the nearest police station in a patrol wagon, locked up as a prisoner for a day or so, growing constantly more maniacal, then sent in the patrol wagon again to another police station, where the city physician would find it more convenient to examine him. By the time he arrived at the second station he was in a state of intense maniacal excitement. After a struggle with half a dozen policemen, he was finally overpowered and thrust into a restraint chair, where he died within half an hour, without ever having been seen by a physician.

"At about the same time in the same city a foreigner, equally obscure, became insane and shot at his room-mate. He was taken at once to a police station in a patrol wagon, kept there for two days, then taken to another station more convenient for the city physician to visit, where he was kept another day, and finally was seen by the physician, who then ordered him sent to the detention hospital.

"These incidents—illustrating the unmedicinal treatment which insane suspects frequently undergo—coming to our attention suggested an inquiry into the methods of various cities as regards public care of the insane pending commitment. Accordingly, we addressed inquiries to the

mayors of a dozen leading cities as to the method by which insanity is determined in each—whether by jury trial or by medical examination, whether patients are arrested, how and where they are detained pending commitment, if patients are conveyed to the asylum by the sheriff, whether women attendants are required for women patients, and whether nurses are sent from the asylum to convey patients thither.

"Accurate answers to these few questions would pretty fairly indicate the degree to which medical authority controls in a community; for we do not hesitate to say that the trial of insane patients by jury, the arrest of patients, their transportation in patrol wagons, their detention in police courts or jails, their conveyance to the asylum by the sheriff or by the police, the failure to furnish nurses from the asylum to escort patients, all indicate archaic conditions, and show that in any city where they exist the intelligent physicians have been unable to influence public affairs as they should. The answers received show all grades of treatment. In one city, our letter was handed to a member of the detective force for reply. His answer would lead one to infer that our inquiry referred to the criminal class. He states that 'insane suspects are arrested, detained in the emergency hospital, and are held there for observation; then they are tried by a board of physicians appointed by the Superior Court to try the case, and in the event of a verdict of guilty they are committed to an insane asylum. There are women attendants appointed by the sheriff who have the custody of the female patients. The sheriff has charge of all insane cases.'

"It will be seen that the writer entirely ignores the first step in the commitment process, namely, the manner in which patients reach the emergency hospital. In like manner, from the very city where the incidents occurred which are mentioned at the beginning of this article, we are cheerfully assured that patients are detained in an emergency hospital awaiting inquiry as to insanity. Various cities do not undertake to dodge the question, but frankly state that "suspects" are taken to the jail or police station at first.

"In cities where there are detention or emergency hospitals the general public may suppose that patients are immediately taken there. As a matter of fact, patients in these cities also are taken first to the police station or to the jail by policemen, in patrol wagons, in precisely the same manner as a common drunk. In the majority of the replies, the expressions used are those associated with the treatment of criminals—patients are 'arrested,' held in police stations or jails, 'tried' by jury or judge or even by a board of examiners, sent to the asylum in charge of the sheriff or his deputies. All this is so commonplace that it probably does not arouse in any of us the quick sense of shame which it should. Does it shock us that in one city the coroner determines the mental state

of the patients, or that in another the probate judge performs the function of the alienist?

"It is superfluous to point out again the long-since recognized impropriety of entrusting the diagnosis of a disease to a jury of laymen. Slowly but surely this anachronism will disappear, though it still survives in some of our greatest centers, notably in Chicago. Our purpose is to call attention to the fact that during the first few days, so critical in cases of acute mental disorder, the treatment of the patient is distinctly non-medical and is precisely that accorded to a felon. The public and the profession at large consider the patient as magically transferred to the asylum, which we now call a hospital, without at all realizing the terrifying experiences often undergone in the comparatively brief period between removal from home and arrival at the hospital. Consider the effect on a delicate, refined woman in the early stage of melancholia, suddenly thrust for a night into a jail or the cell of a police station. Such an experience would infallibly exacerbate the malady, and might even make all the difference between a favorable and an unfavorable outcome.

"In the small cities and in the country communities the treatment of patients is even more primitive than in the large towns. A patient is often brought many miles in an open wagon to the county seat, and placed in the county jail for varying periods before an examination is held. Jailers or sheriffs with the best will in the world are of course unfitted to give the care which insane patients need. We were lately told by a member of a State Board of Charities of a visit to a jail where many insane were received. The sheriff felt much aggrieved because he had been threatened with suit by the relatives of a patient who had been placed in the jail in a state of great excitement, and who had seriously injured his hands by beating against the bars of his cell door. When the sheriff's attention was called to good leather muff and wristers hanging in the office, whose use would have prevented the whole trouble, he said contemptuously: 'O! them things; they've been there since before I came, but I've never touched 'em.'

"It is a relief to turn to instances of excellent management in some of the cities from which we have replies. Three cities seem to have nothing of the police method in their manner of dealing with the insane. These are New York, St. Louis and Baltimore. In the city of New York patients may be detained for examination as to their mental condition in but one place, the pavilion at Bellevue Hospital. Three examiners in lunacy are employed by the city of New York. They are physicians, holding their positions under the civil-service law. These examiners are stationed at Bellevue Hospital, and the patients are under their care pending commitment. Following an order for commitment, the state hospital authorities are notified, and they send trained nurses to ac-

company patients from the pavilion to the institution. Women patients are always accompanied by women nurses.

"In Baltimore the procedure is very simple. The hospitals being in the suburbs of the city, the process of commitment need occupy but a few hours. Two physicians visit the patient in his home, and on their recommendation the Board of Charities makes out the commitment papers and notifies the hospital to send its ambulance, and, if necessary, a female attendant to convey the patient to the institution.

"St. Louis uses the observation ward at the City Hospital for the detention of patients previous to examination. On the certificate of two physicians, patients may be committed to the asylum. They are conveyed in a city ambulance, and attendants are sent from the hospital to accompany them. Doubtless there are other towns where the treatment of the insane has been divorced from the care of criminals. At any rate, the instances we have cited are cheering. We commend to county and district medical and State societies an inquiry into the actual conditions surrounding the care of the insane pending commitment in their respective communities." — *Editorial in Jour. Am. Med. Ass'n., Jan. 21, 1905.*

The above editorial from *The Jour. of the Am. Med. Ass'n.*, is reproduced in full as being most timely and of greatest importance. While recent advances in medical science have shown a marked improvement in the treatment of those who are so unfortunate as to be the subjects of mental disease, in this particular, there is something yet to be accomplished that ought not to require the special devotion of a Howard or a Dix. That we may emphasize this most timely "leading editorial" from the leading medical journal of America, we give in connection therewith the following recent occurrence, the facts of which can be most thoroughly authenticated:—

About 6 p. m., Dec. 24th, ult., a physician of this city was called by telephone to meet one of his patrons at the police station. Wending his way there through the crowded thoroughfares, the glare of Roman candles and the noisy fire-cracker filling the air, he found a young man about 23 or 24 years of age, occupying the first cell or cage, and surrounded by a number of the "night detail" who were assembled preparatory to going on duty. The "cops" were surrounding the cell or cage, peering through the bars, similar to a group of country "gabies" around the cage of a wild beast from the jungles of Asia or Africa.

The following history of the case was elicited: The young man had been working on a farm in Illinois for some four years past, and had returned to his father's house in this county on the preceding Tuesday. On Wednesday his father noticed that the young man had taken a pistol from the mantel, which he had placed there for the purpose of shooting a dog that had been raiding his meat-house. He told his son that he must not

take the pistol, as the law here was quite strict, and that it might get him into trouble if he was found with it on his person.

The next day the young man, who had seemed to be rather peculiar or "queer" to his family, went to Mt. Juliet to visit relatives. He returned to the city Saturday afternoon, and was found at the Terminal Station talking incoherently and gesticulating in a peculiar manner. He was arrested and sent in the patrol wagon to the police station, and the pistol, unloaded, his father having removed the cartridges when he took it from him on the preceding Wednesday, was found on his person, and a charge of "disorderly conduct and carrying a pistol" registered against him. His relative and the physician were told that he would have to remain under arrest and in confinement until he could appear before the City Judge at sometime in the following week. Not owning real estate in the city, being unable to give bond for his appearance, and recognizing that a bare cell in our police station, so similar to the cage of a wild beast, with only a plank on which to lie, with the possibility of adjoining cages being filled before morning with the drunk and disorderly incident to the hilarious time, and his relative being a personal friend of the jailer in charge of the county jail, as the best thing that could be done under the circumstances, they went to a magistrate and on the statement of the relative and the physician, a mittimus was made out committing the unfortunate to the county jail as insane, where he could be retained until the usual procedures could be gone through with to send him to the Hospital for the Insane. However, the authorities in charge at the police station refused to recognize the authority of the civil magistrate. The result was—the following day being Sunday as well as Christmas day, and Monday being observed as a holiday in this particular locality, that it was not until Wednesday that this unfortunate could receive that care and treatment which he so much needed for an attack of acute insanity, and not that of a criminal.

Only a short time ago, a somewhat similar case came under my own personal observation, in which it was necessary to hold another unfortunate suffering from mental disease in the county jail for an entire week, and while the jail is somewhat preferable to the police station, neither is suitable for the care of those suffering from mental disease.

Granted, that the public should be protected from the individual, yet the individual has rights that should not be overlooked even though the public should be protected. This can be done without injury to the individual, but as our laws and police regulations now stand, the individual may suffer irreparable injury at the hands of stupid and overzealous policemen. We have on more than one occasion seen unfortunates temporarily or possibly permanently suffering from mental alienation treated with far less consideration than criminals. Is this just—nay, is it HUMANE?

At a subsequent time we may go more into this important subject, but for the present we refrain from farther comment, fully believing that the article quoted affords occasion for careful thought and thorough consideration.

A SUBSTITUTOR CONVICTED.—*Kress & Owen vs. Cruttenden.* On the 8th day of December, Police Magistrate Denison, in the Police Court, registered a conviction against Thos. Cruttenden, Jr., who keeps two drug stores in Toronto, one at the corner of Howard and Sherbourne Streets, and the other at the corner of Gerrard and Sherbourne Streets, for infringement of the trade mark, duly registered in Canada, owned by Kress and Owen Co., 210 Fulton Street, New York, "Glyco-Thymoline." The evidence conclusively showed that the defendant had put up a preparation under the name of "Glyco-Thymol," in bottles almost identical to those of Kress & Owen Co., and with labels worded verbatim et literatim to those of the original manufacturers. The magistrate in registering the conviction, gave the defendant's solicitor, who hinted at an appeal, to understand that if he entertained that idea he would not only fine but imprison his client as the law provided. The case was adjourned for a week, at the end of which time Cruttenden, through his solicitor, gave an undertaking that he would stop all manufacture of Glyco-Thymol and destroy all labels, bottles, etc., connected with the sale of that preparation. The firm of Kress & Owen Co., are deserving of congratulation over the results of this case. They had every reason for prosecuting Cruttenden, as it was nothing short of dishonest and entirely contrary to the law, that he should stoop to such practices and try to rob a firm who, by strictly ethical advertising (solely to the profession), and the expenditure of about \$175,000 per annum, have secured a large sale of Glyco-Thymoline, a preparation found valuable in catarrhal conditions of the mucous membrane.—*Canadian Journal of Medicine & Surgery Editorial, January, 1905.*

THE RESPIRATORY LINK.—The truth of the old adage that a "chain is only as strong as its weakest link" is forcibly illustrated in medicine. The constitution of a patient may in most of its relations be normal; yet the chain of health is impaired by one function which is the seat of more or less constantly recurring disturbances.

The most frequent form of this weak physiologic link that confronts the physician is that manifested by the patient who, with the advent of winter, suffers from repeated congestions and inflammations of the respiratory organs. It may be that at all other times of the year the individual is, as far as indications go, in a good state of general health; it is, however, more commonly the case that the skilled diagnostician is able to

recognize an impairment of constitutional vigor, which is in reality the cause of the respiratory disturbances. Present-day scientific teaching emphasizes that it is unwise to treat these patients with expectorants, cough syrups and respiratory sedatives; these latter remedies are at the best but palliative and do not reach the cause of the disturbance. It is more rational to endeavor to strengthen this weak respiratory link by restoring its integrity, and the proper way to do this is by treatment directed to the real causative factor, which is an atonic condition of the system.

The experience of many years has taught that these constantly recurring respiratory disturbances may nearly always be prevented or at least reduced in frequency and severity if Gray's Glycerine Tonic Comp. is administered throughout the winter. If, however, this precaution has not been observed and the patient is already suffering from his regular winter cough and bronchial or pulmonary distress, treatment with Gray's Tonic is still the most efficient.

The manner of the action of the remedy in these cases is two-fold: first of all it overcomes malnutrition by stimulating the torpid nutritive functions to assume normal activity; as a consequence the patient's constitutional vigor is strengthened and incidentally the relaxed atonic condition of the respiratory mucous membrane is eradicated.

The second effect of Gray's Tonic in these cases is upon the local disturbances of the respiratory mucous membrane—it has a direct anti-phlogistic and tonic influence upon the disordered circulation; it thereby relieves engorgement and restores tone to the relaxed blood vessels.

Gray's Tonic is to be preferred in the management of these acute and chronic respiratory conditions, because it gives the patient relief from the very start and if persisted in, overcomes the condition completely. It strengthens not only the weak respiratory link but also the entire chain of constitutional vigor.

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ADVANCED METHOD OF REMOVING GERMS AND DUST FROM RAILWAY CARS.—The management of the Central Railroad of New Jersey has made another step of advancement through the recent installation of a system of car cleaning which has the universal approval of the health authorities along its line, and as it is practically the first transportation company to adopt it, the method may be of interest to our readers.

The old method of car cleaning with a whisk here and a dash there with a broom or duster, was not only unsanitary, but unsatisfactory, for the reason that it had the effect largely of removing dust and dirt from one section, and depositing it elsewhere; but under the new method, which is termed the "Vacuum Sweeping System," the dirt and dust is drawn from the car by suction through a pipe, and is gone forever. The New Jersey Central has erected an immense vacuum plant in its

Jersey City yards, and for a distance of 3600 feet has laid pipe varying from two to five inches in diameter, covering in all about three miles. At short intervals this pipe is tapped and from these cocks is run the flexible hose, which may be taken in the car either by door or window. At the foot of the hose is a metal pipe with a flat triangular end, along the base of which is an opening, and through which the dust and dirt is drawn by the vacuum or "drawing in machine" located a distance away. The operator runs the slot opening over the cushions, carpets, curtains, wood-work, etc., and without any commotion or dust raising, every loose particle or germ is whisked away, everything being left clean and wholesome. The dust thus removed, before reaching the great "drawing in machine," must pass through two dust separators, the first of which clears the air of 90 per cent. of the grit, dust and germs; the second separator or cylinder draws the air through water in which corrosive sublimate is used, and completes perfectly the purification. The New Jersey Central management has for a long time felt the necessity for a more sanitary method of car cleaning, and the Vacuum System, while reducing disease liabilities to a minimum, at the same time reduces the cost of cleaning and time consumed. Two cars can be thoroughly cleaned under the new system at the same expense of time and money as was formerly consumed in cleaning one, and this, in connection with the increased sanitary value, is sure to cause its general introduction within a short time, not only by other transportation companies, but by theaters, hotels, places of public resort and even the home.

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**TUBERCULOSIS OF THE FEMALE URINARY ORGANS.—*Removal of Kidneys and Ureter.***—Dr. Ernst W. Cushing, of Tuft's University, Boston, read a paper on this subject before the Maritime Medical Society of Halifax, N. S. He reviewed the steps by which the diagnosis of tubercular lesions of the kidneys and bladder had advanced from uncertainty to positive knowledge. Clinical experience and the results of surgical operations confirmed the findings of pathologists, that tuberculosis of the bladder is rare except when the kidneys are first affected, and the fact that after removal of the diseased kidneys the tuberculous bladder is usually curable. He reported a case which was interesting from the fact that there never had been any symptoms referable to the kidneys. The case was that of a woman aged thirty, coming under observation in 1892. In 1900 she underwent an operation for dilatation and curetttement of the uterus. During the next two years she gradually failed in health, suffering from pains in the back, low down, and frequent desire to micturate. Examination of urine showed cystitis, which was supposed to be referable to pressure from the retroverted uterus. In February, 1902, the uterus and appendages were removed. On March 2 the bladder was

somewhat better, urine clear and alkaline, S. P. 1010, contained albumin, pus, and cocci. Bladder was washed with a dilute permanganate solution, and cystogen was given internally. The patient went home in good condition on April 1. On April 11 she returned, and examination showed the bladder had become nearly as bad as at first, patient having neglected treatment. Irrigations were again instituted and cystogen given t. i. d., following which there was much improvement.

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JUST AT THIS SEASON OF THE YEAR we are especially called upon to consider the advantages to be found in Glyco-Thymoline for the treatment of acute catarrhal diseases of the nose and throat.

Coryza, naso-pharyngitis, tonsillitis, and laryngitis are now most common. After exposure to cold or a damp chill, the mucous membrane, with its delicate cell structure and fine capillary network, takes on a turgid appearance. The minute blood vessels or capillaries become congested and their function practically suspended. The blood cells through lack of nourishment die and are thrown off. The glandular secretions are altered; instead of excreting a bland, non-irritating mucus, we have present an acid discharge most irritating in type. This is about the condition we find in all catarrhal conditions.

How does Glyco-Thymoline apply here? What are its special advantages?

When applied warm in a 25 per cent. solution, Glyco-Thymoline gives a soothing sensation to the inflamed membrane, due to its anesthetic or anodyne properties.

Glyco-Thymoline dissolves quickly all accumulations of thickropy mucus crust formations, etc.

Glyco-Thymoline in a 25 per cent. solution, being approximately of the same alkalinity and specific gravity as blood serum, causes by its exosmotic action (the passage outwardly through the tissues of normal secretions and products of inflammation), a rapid depletion of the engorged tissue, thus aiding nature after her own manner in restoring capillary circulation, normal glandular action and fostering cell nourishment, which soon brings about a normal condition to the membrane.

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FOR BEE STINGS.—Dr. W. H. Barnett, of Huffins, Texas, in the *Alkaloidal Clinic* for November, 1904, says:—

*To Brother W. W. Shafer:* I am satisfied that eethol, a combination of echinacea and thuja, will prevent the sting of bees from hurting him. Let him take dram doses every hour for three hours before he commences to work with them. The reason for the faith that is in me is this: They used to hurt me. Last summer I was taking it for a skin disease, and while under its influence I was stung by a wasp on the face and neck. When stung I started to the house to get something to stop the pain and swelling that I expected to suffer with, but instead of pain and swelling as

heretofore when stung, there was no more of either than a mosquito or a gnat would have caused.

**AMINOFORM.**—Urinary, antiseptic, uric acid solvent, (Hexa methylenetetramin.)

Cystitis, Pyelitis, Bacteriuria, Phosphaturia, Uric Acid Diathesis.

Odorless, colorless, six-sided rhomboids; readily soluble in water or chloroform; less soluble in alcohol. A watery solution is slightly alkaline, sweet to the taste, with a slightly bitter after-taste.

Aminoform possesses an inhibitory action upon the growth of micro-organisms which is explained by the setting free of formaldehyde in the urine; thus it exerts a markedly antiseptic influence upon the urinary passages, and it is indicated in cystitis, pyelitis, pyelonephritis, and, in fact, all pyogenic conditions of the genito-urinary tract.

In cystitis with ammoniacal decomposition it will soon render the urine normal in reaction.

When given about twenty-four hours before instrumentation or operation on the urethra or bladder, it sterilizes the urine and tends to render the urinary tract aseptic.

It should be administered in every case of typhoid fever to sterilize the urine and prevent the spread of infection.

Of late it has been given with excellent results as a prophylactic measure in scarlatina, and its administration in this disease to prevent nephritis cannot be too strongly recommended.

Dose: 5 to 10 grains, dissolved in a half pint of plain carbonated water, before meals, morning and evening, and, if necessary, also at noon. Children tolerate the drug well.

For cystitis with ammoniacal decomposition:—

B Aminoform ..... dr. III  
Aq. Menthae Pip. .... oz. III

One teaspoonful in tumblerful of carbonated water, two or three times a day.

Supplied in 1-oz bottles in powder and 7½ gr. tablets.

For literature and samples address C. Bischoff & Co., 88 Park Place, New York City, N. Y.

ANNALS OF SURGERY for December last is the most remarkable number ever published. It contains three hundred pages of original memoirs by the most celebrated surgeons and specialists of this country and Europe, together with the transactions of the New York Surgical Society, and reviews of the latest medical books.

This is the best number the *Annals* has ever issued, and it establishes a precedent for the coming numbers, which perhaps will not contain

so great an amount of material, but will be as useful to the general practitioner as to the surgeon and specialist.

Professor J. B. Warbasse describes a most wonderful case, which would be hard to believe but for the illustrations accompanying his article.

Valuable papers, illustrated in colors, are presented by Dr. Watson, of the Boston City Hospital; Dr. Scudder, of the Massachusetts General Hospital; Dr. Brewer, of the College of Physicians and Surgeons, New York City; and Dr. Mayo, of Rochester, Minn. The other papers are also fully illustrated with black half-tones made from the original drawings and photographs.

No advance has been made from the usual price of 50 cents per copy. This number will be sent free with every subscription for 1905, received before February 1, 1905, so long as the issue is in print.

To secure this special number, send your order at once to J. B. Lippincott Co., Washington Square, Philadelphia, Pa., Publishers of the *Annals of Surgery*.

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**Tired, Worn-out Nerves.**—The uniformity, reliability, and promptness of action of Daniel's Conct. Tinct. Passiflora Incarnata as a nerve sedative and hypnotic in hysteria, nervous headache, restlessness, and epilepsy, make it the best preparation on the market to-day. In the case of a boy nine years old, suffering from angina pectoris, Passiflora quieted the heart's action, toned the nervous system and gave satisfactory results when nothing seemed to give relief.

In sleeplessness from extreme nervousness, due to overwork, Passiflora causes the nervous system to be relaxed and the nervousness to gradually disappear. It is the ideal remedy for tired, worn-out nerves.

A physician who had treated a dangerous case of tetanus concluded with this remark, "Convulsions frequent and severe were controlled with Daniel's Passiflora."

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**LYNNHURST SANITARIUM.**—We take pleasure in calling the attention of our readers to this new institution recently established at Memphis, and under the management of Dr. S. T. Rucker, formerly of this city and Chattanooga. The sanitarium is situated in one of the most beautiful suburbs of the "Bluff City," with two main buildings for male and female patients, set back fully one hundred yards in a spacious lawn well set in grass, with a number of large forest trees. There are in all forty-five well ventilated and lighted rooms, handsomely and appropriately furnished, with electric lights, heated by a most excellent system of hot water radiators, with hot and cold water in each, each supplied with every needed convenience, and communicating with the main office by electric bell.

It is a private home, possessing superior advantages for the care and

treatment of the various forms of nervous and mental disease—alcoholic and narcotic cases not received. All necessary apparatus for hydro-therapeutics, electricity, dry hot air, manual and mechanical massage and psycho-therapy, together with ample provision for modified rest cure, special dietetics, in- and out-door exercise, amusements, etc., are new, modern, up-to-date and admirably arranged.

In *The Southern Medicine and Surgery* of Chattanooga, for January, we find an editorial endorsing Dr. Rucker as "thoroughly capable of carrying on such a work," in which we most heartily concur. He proposes to, and we know will, carry on his work in a thoroughly ethical manner. He was a member of and Treasurer of the Hamilton Co. and Chattanooga Medical Society, and is now a member of the Nashville Academy of Medicine, of the Tennessee State, and the American Medical Associations.

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**NORWOOD'S TINCTURE OF VERATRUM VIRIDE.**—Long recognized as a most valuable adjuvant in treating acute inflammatory affections, of more recent years it has almost come to be regarded as a "specific" in the treatment of puerperal eclampsia. The Shaker's Society of Mount Lebanon, N. Y., now makes "Norwood's Tincture" of unquestioned purity and reliability, and of uniform strength.

Veratrum Viride (Norwood) is entirely nontoxic. Dr. Norwood used the preparation himself in an extensive practice of thirty-six years, and stated that it was destitute of all poisonous effects in any size dose. Dr. Percy, of New York, who was awarded a gold medal by the U. S. Medical Society, reports many cases in which this preparation was used. Never in a single instance was the effect anything but beneficial. Veratrum Viride has the endorsement of many of the best men of the American profession.

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**LA GRIPPE AND ITS SEQUELÆ AGAIN PREVALENT.**—The following suggestions for the treatment of la grippe will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all, the bowels should be opened freely by some saline draught. For the severe headache, pain, and general soreness give an antikamnia tablet, with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single dose is followed with almost complete relief. If, after the fever has subsided, the pain, muscular soreness, and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are antikamnia and quinine tablets. One tablet three or four times a day, will usually answer every purpose until health is restored. Dr.

C. A. Bryce, editor of *The Southern Clinic*, has found much benefit to result from antikamnia and salol tablets in the stages of pyrexia and muscular painfulness, and antikamnia and codeine tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract, there is no better relief than one or two antikamnia and codeine tablets slowly dissolved upon the tongue, swallowing the saliva.

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**OBITUARY.**—We regret exceedingly to learn of the recent death of Mr. Wm. Gilmore, of Cincinnati, who has for a number of years been at the head of the Wayne Elixir Co., and who has placed many members of the regular profession under obligations to him by means of this most excellent diuretic combination. He leaves a number of warm friends in this city and throughout the South to regret his demise. Kind, genial, courteous and modest, he was a true gentleman in every sense of the word, and in his business habits he was strictly reliable and of unquestioned integrity. His son, Mr. P. M. Gilmore, will, we understand, continue the business of Wayne's *Elixir Co.*

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**RUTHERFORD COUNTY MEDICAL SOCIETY.**—At the December meeting of this Society the following officers were elected to serve for the ensuing year: President, Dr. E. H. Jones; Vice-President, Dr. E. C. Freas; Secretary, Dr. Rufus Pitts; Treasurer, Dr. Vernon K. Earthman.

Dr. E. C. Freas was elected delegate to the next meeting of the Tennessee State Medical Association, with Dr. H. C. Rees, alternate.

Dr. J. B. Murfree, Sr., was re-elected a member of the Board of Censors.

**NEW ORLEANS POLYCLINIC:**—*Eighteenth Annual Session opens November 7, 1904, and closes May 20, 1905.* Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work.

For further information address, New Orleans Polyclinic, Post-office box 797, New Orleans, La.

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**THE USEFULNESS OF GOOD HYPOPHOSPHITES** in Pulmonary and Strumous affections is generally agreed upon by the Profession.

We commend to the notice of our readers the advertisement on advertising page 17 of this number. "Robinson's Hypophosphites" is an elegant and uniformly active preparation; the presence of Quinine, Strychnine, Iron, etc., adding highly to the tonic value.

FOR SALE.—Nice residence in convenient, elegant part of the city of Austin, Tex., for \$2,500 cash; good practice, and office in business part of city thrown in; wish to retire from practice; great bargain. Address Dr. Q. C. Smith, 617 Colorado St., Austin, Texas.

## Reviews and Book Notices.

**SAUNDERS' QUESTION COMPENDS:—ESSENTIALS OF BACTERIOLOGY.** By M. V. Ball, M. D., formerly Resident Physician at the German Hospital, Philadelphia. *Fifth Edition, Thoroughly Revised.* By Carl M. Vogel, M. D., Assistant Pathologist at the College of Physicians and Surgeons (Columbia University), New York. 12mo volume of 343 pages, with 96 illustrations, some in colors, and six plates. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, \$1.00 net.

Within the last few years rapid progress in Bacteriology has involved many radical changes in the science, necessitating a thorough revision in the preparation of this edition. It is with pleasure we note the inclusion of all the recent advances in the subject of Immunity, Tuberculosis, Yellow Fever, Dysentery, Bubonic Plague, and other infectious diseases, making the work reflect as faithfully as possible the present status of Bacteriology. We can confidently say that this book in the present fifth edition will be found of inestimable service to the student.

**SAUNDERS' QUESTION COMPENDS:—ESSENTIALS OF NERVOUS DISEASES AND INSANITY: Their Symptoms and Treatment.** By John C. Shaw, M. D., late Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital Medical School. *Fourth Edition, Thoroughly Revised.* By Smith Ely Jelliffe, Ph. G., M. D., Clinical Assistant, Columbia University, Department of Neurology; Visiting Neurologist, City Hospital, New York. 12mo volume of 196 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, \$1.00 net.

Of the progress made in every branch of medicine during the last few years, none has been more prominent than that considering diseases of the nervous system and of the mind. Dr. Smith Ely Jelliffe, therefore, in making the revision for this new fourth edition, has found it necessary to recast the work entirely, bringing the order of arrangement in accord with the

present knowledge of these important subjects. Quite a commendable change in arrangement is the grouping of subjects in such a way as to bring out the natural relations of affiliated nervous disorders. This will be found of great service to the student.

In the section on Disorders of the Mind, the general views of such leading psychologists as Ziehen, Weygandt, Kepeln, Berkeley, and Peterson have been carefully weighed. This new fourth edition is well worthy our recommendation and we give it most heartily.

**Toxicology** (Lea's Medical Epitome Series).—A Manual for Students and Practitioners, by Edward W. Dwight, M. D., Instructor in Legal Medicine, Harvard University. Edited by Victor C. Pederson, A. M., M. D. 12mo, cloth, pp. 298. Price \$1.00. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

This little volume is a most excellent compendium of the facts in connection with toxicology, which should be a part of the knowledge of every practitioner of medicine. It will prove of especial value to students of medicine, for whose benefit a series of practical questions are placed at the end of each chapter.

**DISEASES OF THE STOMACH AND INTESTINES** and the allied and resultant conditions, with modern methods of diagnosis and treatment. Lectures to general practitioners by Boardman Reed, M. D., Philadelphia, Pa., Professor of Diseases of the Gastrointestinal Tract, Hygiene and Climatology in the Department of Medicine of Temple College, Philadelphia, Attending Physician to the Samaritan Hospital, Member of the American Medical Association, American Climatological Association, American Academy of Medicine, American Electro-Therapeutic Association, Foreign Member of the French Societe d' Electrotherapie, etc. 8vo, cloth, pp. 1024. Price, cloth, \$5.00 net; half morocco, \$6.00. Sent by express or mail on receipt of price. E. B. Treat & Co., Publishers, 241-243 W. 23rd St., New York, 1904.

This octavo volume of 1024 pages embraces a full account of the simplest and least disturbing methods of determining the character of the motor secretory and excretory work of the principal organs having a part in the processes of digestion and metabolism, by examinations of the stomach contents, feces, blood, urine, etc.: together with a full exposition of the subject of diet

and the therapeutics of the digestive disorders in general, including indications for the various forms of electricity, x-rays, massage, vibratory stimulation, hydrotherapy, gymnastics, liquid medication, medical and surgical treatment, etc., in addition to "The Gastrointestinal Clinic" in which the diagnosis and treatment of all the known diseases of the tract are separately considered.

General practitioners and specialists in this department of medical science, in view of the great advances in methods, recognize the importance of avoiding humiliating mistakes in diagnosis, and disastrous failures in treatment. They should know how to diagnose a case of hydrochloric acid excess from one having a deficiency or total absence of it in the gastric juice.

The author, Dr. Boardman Reed, of Philadelphia, has these threefold qualifications for undertaking this work:—

*First:* He has had large experience in this special field of medicine, supplemented by the knowledge acquired during twenty years of general practice among chronic, dyspeptic, and nervous invalids in Atlantic City, many of whom were exceedingly irritable and intolerant of all but the gentlest handling. He then devised methods as little unpleasant and disturbing as possible, compatible with an accurate diagnosis and successful treatment. These he has since striven to perfect, and from the platform has given the benefit to others in his lecture courses to students.

*Second:* As an equipment for his endeavor, besides an unusually large clinical experience, he has had the advantage of special training under the leading gastro-enterologists of Europe —Oser of Vienna in 1885, and Ewald, Boas, and Kuttner of Berlin in 1895 — as well as much post-graduate study in this country.

*Third:* He has been recently teaching in this department of medicine, especially concerning diseases of the gastro-intestinal tract, which has helped to keep him *en rapport* with the subject. The substance of his lectures he has embodied in this work, and has also included the latest advances and discoveries in a line of practice which every year adds immensely to the literature of the *ars medica*.

**SAUNDERS' QUESTION COMPENDS :— ESSENTIALS OF MATERIA MEDICA AND PRESCRIPTION WRITING.** By Henry Morris, M. D., College of Physicians, Philadelphia. *Sixth Edition, Thoroughly Revised.* By W. A. Bastedo, Ph. G., M. D., Tutor of Materia Medica and Pharmacology at the Columbia University (College of Physicians and Surgeons), New York City. 12mo volume of 295 pages. Philadelphia, New York, London : W. B. Saunders & Co., 1904. Cloth, \$1.00 net.

Dr. Bastedo, in making the revision of Dr. Morris's "Essentials of Materia Medica," has furnished the student with a work complete and up to date in every particular. Much of the text has been in great part rewritten. There have been introduced articles on adrenalin, stypticin, and on the iodine and silver synthetics. The present sixth edition is all that could be desired.

**SAUNDERS' QUESTION COMPENDS :— ESSENTIALS OF ANATOMY ; Including the Anatomy of the Viscera.** By Charles B. Nancrede, M. D., Professor of Surgery and Clinical Surgery in the University of Michigan, Ann Arbor. *Seventh Edition, Thoroughly Revised.* 12mo volume of 419 pages, fully illustrated. Philadelphia, New York, London : W. B. Saunders & Co., 1904. Cloth, \$1.00 net.

This work, now in its seventh edition, has met with a most cordial reception. In this revision the entire book has been carefully gone over and the section on the Nervous System completely rewritten. The illustrations throughout the text are excellent, showing the anatomy of various parts with unusual clearness. Students, and indeed young practitioners, will find the work of great service.

**AUTOMOBILES, OR SELF-PROPELLED VEHICLES.—A practical treatise with illustrations,** by J. E. Homans, A. M., 8vo, pp. 672, bound in black vellum, gilt top, gold titles. Theo. Audel & Co., Educational Booksellers, New York. Price, \$2.00, 1904.

This new revised work, which has been prepared to meet the increasing demand for a thorough treatise on the subject of motor carriages, cannot fail to have a wide circulation and prove of immense value to all persons interested in the subject. In the course of the 672 pages, it presents all the important elements of automobile construction in clear, concise, and popular language, readily comprehensible by any reader, but at the same time goes

into all matters with a thoroughness that renders it a useful handbook even to skilled engineers and machinists.

As to the method of presentation, one remark is in place: since the advent of the motor carriage has created a widespread interest in matters mechanical, bringing many persons who lack previous acquaintance with the mysteries of engine construction and operation into intimate daily contact with practical problems and situations, it is essential that such a treatise as the present one should give the facts with as few technical terms as possible. In this respect the best book on the subject is somewhat like the best automobile carriage — the simplest.

The treatise on the gasoline engine cannot fail to prove valuable to anyone interested in explosive motors, which are daily coming to the front as the readiest and most convenient source of power.

The price of this popular edition is \$2.00, and as an insurance against accidents, caused by ignorance of the principles of operation,— of which there are a lamentable number recorded every day,— no one interested in the subject can afford to do without a copy of this timely volume.

**Hyde and Montgomery on the Skin.** A practical treatise on diseases of the skin, for the use of students and practitioners, by James Nevins Hyde, M. D., Professor of Dermatology and Venereal Diseases, and Frank H. Montgomery, Associate Professor of Dermatology and Venereal Diseases in Rush Medical College, Chicago. Seventh and revised edition. In one octavo volume of 938 pages, with 107 engravings and 35 plates in colors and monochrome. Cloth, \$4.50, net; leather, \$5.50, net. Lea Brothers & Co., Philadelphia and New York, 1904.

This work has long enjoyed great popularity with the medical profession, and this, the seventh edition, is so thoroughly revised and contains such marked improvements as to render it practically a new book.

Due prominence is given to every fact of importance that the fruitful fields of recent investigation have yielded, while mere theorizations receive critical discussions, the authoritativeness of which is attested by the prominence of the writers.

The sections devoted to radio-therapy and to photo-therapy are unusually full and contain all needful details for the successful application of these forms of treatment, the indications for their

employment being elaborated under the various diseases for which their use is to be recommended.

The most advanced discoveries in the etiology of such diseases as scarlatina, variola, pyroplasmosis, blastomycosis, etc., are mentioned and subjected to critical scrutiny, and a new chapter on the general pathology of the skin has been added to keep pace with the progress that has lately been made in this direction.

The importance of adequate illustrations together with clear, comprehensive descriptions cannot be overestimated in a work on this subject, where it is often necessary to produce in the reader's mind a definite and accurate picture of a lesion that he has never seen, and the happy facility of the authors in word-painting is most adequately supplemented by a series of engravings and of plates in color that represent the acme of graphic depiction.

The difficulties of dermatological classification are proverbially great, but the authors have perfected an arrangement which is at the same time logical and yet convenient for rapid reference and for the purposes of differential diagnosis. The practical value of the work is still further enhanced by the enormous number of prescriptions and plans of treatment suggested for the different diseases.

**DISEASES OF THE NOSE, THROAT, AND EAR, and their Accessory Cavities.**  
By Seth Scott Bishop, M. D., D. C. L., LL. D., Author of "The Ear and its Diseases;" Honorary President of the Faculty and Professor of Diseases of the Nose, Throat, and Ear in the Illinois Medical College; Professor in the Chicago Post-graduate Medical School and Hospital; Surgeon to the Post-graduate Hospital and to the Illinois Hospital; Consulting Surgeon to the Mary Thompson Hospital, to the Illinois Masonic Orphans' Home, and to the Silver Cross Hospital of Joliet, etc. Third edition; thoroughly revised, rearranged, and enlarged. Illustrated with 94 colored lithographs and 230 additional illustrations. 564 pages, royal octavo. Price, extra cloth, \$4.00, net; sheep or half-russia, \$5.00, net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia, Pa.

We have had previous occasion to notice this most excellent work of Dr. Bishop, and can only emphasize the commendation then accorded it. From the author's preface to this edition we make the following extract:—

"The second edition and the several reprints of it were sold in so short a time after their publication that a revision seemed uncalled for; but the increasing literature, and the introduction of new remedies, methods of treatment, and improved instruments and apparatus render the time ripe for recasting much of the matter, and introducing the new."

Another chapter and many new articles and illustrations have been added, and wherever our present knowledge seemed to justify the omission of material to make room for more important matter, it has been done. Several chapters have been condensed, and a number of subjects have been wholly or partially rewritten, amplified, and illustrated. Recent discoveries and many helpful quotations and references to current literature have been added. Indeed, no effort has been spared to make this edition thoroughly representative of the most advanced work to the time of publication.

"Especial care has been taken to represent the latest and most valuable work of American as well as foreign writers, for our own countrymen are too often overlooked, and their conscientious and meritorious labor meets with too little encouragement at home and abroad."

A TEXT-BOOK OF PHYSIOLOGICAL CHEMISTRY. By Olof Hammarsten, Professor of Medical and Physiological Chemistry in the University of Upsala. Authorized translation from the author's enlarged and revised fifth German edition, by John A. Mandel, Sc. D., Professor of Chemistry and Physics, and of Physiological Chemistry, in the New York University and Bellevue Hospital Medical College. Fourth American edition; 8vo, pp. 703, cloth, \$4.00. Order through your book-seller, or copies will be forwarded, postpaid, by the publishers, on receipt of the retail price. John Wiley & Sons, New York. Chapman & Hall, London, Limited, 1904.

The numerous publications in physiological chemistry which have appeared since the publication of the last edition of this work, and the suggestion of new methods of work, have necessitated a thorough revision of most of the chapters. As stated in the preface to the second edition, this work is not intended as a complete hand-book, but only as a rather short text-book. In

order to accomplish this the author has eliminated in part certain older, superfluous, or at present untenable statements, and in certain instances has treated the chemical methods of work less fully than in the other editions. In other regards the plan of the book is the same as in the previous excellent editions.

The *Translator* makes the following statement:—

“As physiological chemistry has made such rapid advances during the last five years, and as the literature of the subject is becoming more and more specialized, I feel confident that the American student will be glad to receive the present edition, and I hope it will be of material aid in the advancement of the subject.”

The author's addenda have been incorporated into the text.

**DIET IN HEALTH AND DISEASE.** By Julius Friedenwald, M. D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Octavo volume of 689 pages. Philadelphia, New York, London. W. B. Saunders & Company, 1904. Cloth, \$4.00, net.

This latest work on diet is practical and comprehensive, prepared to meet the needs of the general practitioner, medical student, hospital interne, and trained nurse. It contains a full account of food stuffs, their uses and chemical compositions. Dietetic management in all diseases in which diet plays a part in treatment is carefully considered, the articles on diet in diseases of the digestive organs containing numerous diet lists and explicit instructions for administering. The feeding of infants and children, of patients before and after anesthesia and surgical operations, and the latest methods for feeding after gastro-intestinal operations, have never before been discussed with such practical detail. The subject of rectal enemata is given completely, with recipes and full instructions as to technic. Diet is considered in its relations to age, occupation, and environment; and the beneficial results from the rest cure have been accorded prominent consideration. There is also a section on food adulteration and the resultant diseases. Withal, this is a work well worthy the reputation of its authors, and we most cheerfully recommend it.

**MANUAL OF SERUM DIAGNOSIS,** by Dr. O. Rostoski, of the University of Wurzburg. Authorized translation by Dr. Charles Bolduan. First edition, first thousand. 12mo, cloth, pp. 86. Price, \$1.00. John Wiley & Sons, Publishers, 43-45 E. 19th Street, New York, 1904.

Rostoski's Serum Diagnosis, published in the *Wurzburger Abhandlungen* in 1903, has been recognized as one of the best works on this subject. In this translation several additions have been made in order to include important work done in the past year, as Ficker's Typhoid Diagnostic, the test with Formalin Typhoid Cultures, and Para-Dysentery. Most of the material for these additions have been obtained by the translator through personal communication with Dr. Rostoski.

**THE SURGICAL TREATMENT OF BRIGHT'S DISEASE,** by George H. Edebohlis, A. M., M. D., L. L. D., Professor of Diseases of Women in the N. Y. Post-Graduate Medical School and Hospital; Consulting Surgeon to the St. Francis Hospital, New York; Consulting Gynecologist to St. John's Hospital, Yonkers, N. J., etc., etc. 8vo, cloth, pp. 332. Frank L. Lisiecki, Publisher, 9 to 15 Murray St., New York, 1904.

As showing briefly the scope of this volume, the following extract from the author's preface is quoted:—

"The various contributions of the author to the literature of this subject, the most recent of which have appeared almost contemporaneously with the inception of the present work, are believed to embody with reasonable completeness our present knowledge of the surgical treatment of Bright's disease. These contributions arranged in chronological order make up two fifths of the present volume.

"The remaining three fifths is entirely new matter, never before published, and deals almost wholly with that phase of the subject which is at present exciting the keenest interest — the results."

Seventy-one case reports are given, with a very full analysis of the results.

The following is the closing paragraph of his conclusions: "The evidence submitted, in the author's opinion, not alone justifies the surgical treatment of chronic Bright's disease, but establishes surgery as at present the main, if not the only hope of sufferers from a hitherto incurable malady."

THE SUPPRESSION OF TUBERCULOSIS, together with observations concerning phthisiogenesis in man and animals, and suggestions concerning the hygiene of cow stables and the production of milk for infant feeding, with special reference to tuberculosis, by Professor E. von Behring, University of Marburg; authorized translation by Charles Bolduan, M. D. 12mo, v + 85 pages. Cloth, \$1.00. John Wiley & Sons, New York; Chapman & Hall, Limited, London.

Those interested in the study of tuberculosis, including especially all practitioners of medicine, will find this little brochure of more than passing interest. A little over half the volume is taken up with Prof. von Behring's Cassell lecture, delivered a little over a year ago; the remainder being translations of other articles by this distinguished investigator. In the "Observations on the Study of Phthisiogenesis in Man and Animals," we find practical and original ideas advanced.

A TEXT-BOOK OF HISTOLOGY, by Frederick R. Bailey, A. M., M. D., Adjunct Professor of Normal Histology, College of P. and S.—Medical Department of Columbia University, New York. 8vo, cloth, pp. 481, profusely illustrated. Price, \$3.00 net. Wm. Wood & Co., Publishers, New York, 1904.

Professor Bailey in this handsome volume offers the student of medicine a text-book of histology for use in connection with practical laboratory instruction, and especially supplying the instructor in histology a most satisfactory manual for class-room teaching. The chapter on general technic prescribes the more essential laboratory methods; and the special technic given in connection with the different tissues and organs is in most cases such as can be conveniently used for the preparation of class sections. The work is thoroughly practical, and fully up-to-date, the latest developments being fully considered. The handsome typography, beautiful paper and binding and magnificent illustrations are all that could be desired.

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## *Selections.*

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ALCOHOL IN THE TROPICS.—Chas. E. Woodruff earnestly urges a reconsideration by the profession of the long-established dictum that total abstinence is an essential to the preservation of health in the tropics. This is a conclusion without logical foundation, and the statistics of our army in the Philippines show that in that climate the moderate drinker is better off than the total abstainer. The enervating effect of tropical climates requires the stimulus of a certain amount of alcohol to counteract it, and it is a serious error to denounce its use in moderation by those compelled to live in such latitudes. Total abstinence among the people of that country at large is the ideal condition, and everything should be done to encourage it, but with the army in the Philippines alcohol is a necessity. The W. C. T. U. has played into the hands of the liquor dealers in causing the canteen to be abolished, and in the horrible dives which have sprung up about all the barracks drunkenness flourishes to a degree far in excess of what was formerly the case. The author's object is to induce recognition of the fact that a moderate amount of alcohol is essential to health in the tropics, and that the abolition of the army canteen is fostering alcoholism among the soldiers.—*Medical Record, December 17, 1904.*

SUBCUTANEOUS GELATIN INJECTIONS IN CHILDHOOD.—Zupfinger (*Wien. klin. Wochenschr.*, December 25, 1902) considers gelatin injections in the treatment of hemorrhage from any source, one of the greatest boons of modern medicine. Where from 50 to 100 per cent. of all cases of internal hemorrhage in children used to die on account of the lack of an efficient hemostasis very few need do so now since the introduction of gelatin. He briefly reports three cases, in which the bleeding was so severe as to leave the patients almost bloodless. Hypodermic injections of from one per cent. to five per cent. solutions of gelatin in varying quantities were used and all of them recovered. Two were cases of scurvy, the third of purpura hemorrhagica.

He has also tried it in melena neonatorum, epistaxis, pulmonary hemorrhage, etc., and always with the same result. He warns against the use of commercial gelatin, as this was often found to contain tetanus bacilli. If carefully sterilized few unpleasant after-effects will be noted.—*American Medicine*.

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SOME PAINFUL AFFECTIONS OF THE FEET. DIAGNOSIS AND TREATMENT.—C. Ogilvy discusses the commoner causes of foot pain, with the appropriate treatment. The diagnosis of "rheumatism of the feet" is often made, but is usually incorrect, the symptoms in most cases being due to some deformity, such as eversion, or flat foot. In eversion, or what is commonly called "weak ankle," the foot is everted, the internal malleolus projects very prominently, the toes point outward, and the line of strain falls to the inner side of the foot, throwing excessive weight on the inner half of the longitudinal arch. This leads to loss of elasticity of the arch, the foot breaks down and flat foot results. Flat foot in its first stages is not diagnosed correctly in 50 per cent. of the cases, yet an early diagnosis is of the greatest importance, for it is a difficult matter to transform an everted painful foot with a broken-down arch into one which is capable of performing all its functions without pain or discomfort. The treatment may require the use of the Thomas heel, the Whitman plate, the plaster bandage, operation, exercise, and massage, singly or in combination according to the nature of the case. Metatarsophalangeal pain is due to weakness of the anterior arch, and is treated by the application of a felt pad and adhesive plaster. Bursitis of the heel is less frequently met with and is treated by hollowing out the heel of the shoe or by dissecting out the bursa. The subject of proper footwear is also considered and the essential points of a well-fitting shoe are enumerated.—*Medical Record*, January 21, 1905.

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DUODENAL ULCER.—W. J. Mayo reviews the clinical aspects of fifty-eight operated cases, and adds some remarks on gastrojejunostomy. His cases are divided into the following groups:

First, acute perforation, six cases, two deaths; second, hemorrhage, one fatal case; third, chronic duodenal ulcer, with gastric complications, twenty-eight cases, one death; fourth, chronic perforating ulcer, with gall-bladder and liver complications, eleven cases, one re-operation, no deaths; fifth, chronic ulcer requiring operation for relief of pain and distress, thirteen cases, no death. Mayo notes that at the present time posterior gastro-enterostomy would appear to be the operation of choice in chronic cases, but grants that the last word has not yet been said. It is pretty certain that with a large gastro-enterostomy food will pass out by preference through a patent pylorus by muscular action, the apparent gravity advantage of a low point in gastro-enterostomy being equalized by intra-abdominal tension. Closure of the pylorus to divert all the food to the artificial outlet is under consideration by the author, and he thinks that it should be done in the large majority of cases if there be no cicatricial obstruction.—*Annals of Surgery.*

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NATIONAL INCORPORATION OF THE AMERICAN MEDICAL ASSOCIATION.—On January 9 Congressman Dwight of New York introduced a bill for the national incorporation of the American Medical Association by special act of Congress. This is of special interest to the members of the American Medical Association, and, in fact, to the members of the medical profession in the country. Obtaining recognition by Congress will not only add dignity to the body which represents the medical profession of the United States, but will give it a power and an influence for good which it would not otherwise have. We hope that every physician who has at heart the betterment of sanitary affairs of our country, and the various matters in which the medical profession is interested, will use his influence where it will do the most good. The bill was referred to the Committee on the Judiciary, and at the present time the matter is wholly in its hands. Consequently, all legitimate efforts should be made to convince its members of the value and importance of the measure. The members of the Committee on the Judiciary are: John J. Jenkins, Wisconsin

(chairman) ; R. W. Parker, New Jersey ; D. S. Alexander, New York ; Vespasian Warner, Illinois ; Charles E. Littlefield, Maine ; Lot Thomas, Iowa ; Samuel R. Powers, Massachusetts ; Robert M. Nevin, Ohio ; Henry W. Palmer, Pennsylvania ; George A. Pearre, Maryland ; J. N. Gillett, California ; David A. De Armond, Missouri ; David K. Smith, Kentucky ; Henry D. Clayton, Alabama ; Robert L. Henry, Texas ; J. S. Little, Arkansas ; and William G. Brantley, Georgia.—*Jour. Am. Med. Ass'n., Jan. 21, 1905.*

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CEREUS GRANDIFLORA IN CARDIAC DERANGEMENTS.—Much of the contradictory testimony in regard to the therapeutic action of this valuable plant (*Cereus Grandiflora*), is generally due to the carelessness of the collector. It is only too often the case that some other member of the large family of Cactaceæ has been used. The Bonplandi and even several *Opuntias* (either carelessly or maliciously, as the case may be) are employed as *Cereus Grandiflora*, and these do not possess this cardiac action. Therapeutically, it is a gentle cardiac stimulant of peculiar action. It does not affect the stomach and centers as digitalis does. It increases blood pressure by strengthening the heart beat through its direct action upon the nerves, and therefore is especially indicated in aortic regurgitation where, as is well known, digitalis cannot be used, and also in all functional derangements of the heart connected with anemia, neurasthenia, dyspepsia, tobacco poisoning, sexual exhaustion, in low fevers, and is pseudo-angina.

A tincture is prepared of the strength of two ounces of the fresh flowers to one pint of strong alcohol, the maximum dose of which is thirty minimis every four hours. This valuable plant receives but scant notice from our writers on therapeutics, and when noticed, the writings give the general practitioner no idea of its value. Experience has taught me more about this than all I have read. I have been reasonably successful in using it in the form of tincture and fl. extract, but it is most conveniently administered in pill form. I have adopted that way. In order to secure the best I have at one time and another used all of the different forms offered by the several manufacturers, and have found that offered by the Sultan Drug Co. (Cactina Pellets) to be the best

for general use. I have administered this drug in many ways, immediately before and after meals, midway between each meal, etc., and find that I get the best effect on a comparatively empty stomach, although if necessary I give it on full stomach but increase the dose. It has no cumulative action and may be continued indefinitely. In my hand it has had no ill effects on the digestive apparatus.—*Extracts from article read by Stephen L. Reid, M. D., at meeting Spencer County Medical Society and published in Kentucky Medical Journal.*

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STERILE WATER ANÆSTHESIA IN OPERATIONS UPON THE RECTUM AND ANUS.—S. G. Gant describes the excellent results he has had in substituting plain sterile water for cocaine and other solutions that are in vogue for the production of local anæsthesia. The method has been found of such value that the author has been able by its means to operate most rectal cases without a general anæsthetic or sending them to a hospital, circumstances much appreciated especially by the better class of patients. Anæsthesia apparently is produced merely by the pressure of the fluid on the nerve terminals in the tissues, and sufficient water should be introduced thoroughly to distend the tissues, causing them to become anæmic and assume a glassy, whitish appearance, when anæsthesia immediately follows. This distension does not require a large amount of water, from ten minims to half a drachm only being necessary for small hemorrhoidal tumors, and from one-half to four drachms in more extensive operations. In introducing the water it is not necessary to use more force than is usually employed in making the ordinary hypodermic injection. In conclusion, the writer states that, while anæsthesia by the injection of sterile water is not effective and cannot be applied in all major operations, he has employed it, to the exclusion of general and local medicinal anæsthetics, in nearly all of his operations upon the rectum (for hemorrhoids, fistula, fissures, etc.), and with such gratifying results that he would heartily recommend its thorough trial by other surgeons for operations in the anorectal and other regions of the body.—*Medical Record, October 29, 1904.*

SURGICAL REFLECTIONS ON THE DIAGNOSIS OF CANCER OF THE STOMACH.—A. G. Gerster appeals to general practitioners to take earlier action in cases in which the suspicion of gastric carcinoma seems justified. While it is true that the technique of the excision of gastric cancer has been developed to such a degree that the mortality in the hands of some operators, such as Mayo, has been reduced to about eighteen per cent., in the direction of early diagnosis much less progress has been made. We are furthermore confronted by the dilemma that if we wait until the diagnosis is reasonably certain, especially if we delay till a palpable tumor exists, it is too late to expect cure from operation. A reliable diagnosis of cancer of the stomach in the incipient stage, in which it is susceptible of successful operative treatment, is with our present knowledge a sheer impossibility, and therefore in the case in question we must make up our minds to submit the patient to the risk of an operation before the diagnosis is firmly established. The author concludes that when in a clearly progressive case of an intricate disorder of the stomach the local and general symptoms, conscientiously collected and weighed, strongly justify the suspicion of cancer, diagnostic laparotomy should be considered not only admissible, but obligatory.—*Medical Record, October 28, 1904.*

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HYDROGEN PEROXIDE.—*The National Druggist*, of St. Louis, Mo., calls attention to Mr. Marchand's method of putting up peroxide of hydrogen in bottles with safety device corks, thus avoiding the danger of breakage. The bottles may be subjected to high temperature or a great deal of shaking in transportation without much danger of being broken. He also puts up his peroxide of hydrogen in flint glass containers, closed by this Safety Valve Stopper, which makes it particularly desirable to the purchaser on account of no danger whatever of breakage. Mr. Marchand is certainly an expert in the manufacturing of peroxide of hydrogen, and deserves great credit for his scientific efforts.

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No. 3

### *Original Communications.*

#### DIAGNOSIS OF DISEASES OF THE STOMACH.\*

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If there is any deduction to be drawn from the fact that 1,500,000 women have been cured by Wine of Cardui, and double that number by Peruna or other alcoholic nostrum, it is that we do not pay sufficient attention to the diagnosis of, nor credit with sufficient importance the effects of gastric derangements. Our public take it for granted that we are a race of dyspeptics, and pride themselves upon being financially and physically able to maintain the assault upon the digestive tract by means of nefarious baking-powder bread, with its irritating, insoluble residues, and cling to the biscuit, firm in the conviction of its unique Americanness, with a tenacity bred of martyred patriotism. But he be-

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comes thoughtful in his melancholy and wise in his folly. He reads and seeks to profit by the experience of others.

If he be religiously inclined, he discovers that his ministers recommend Beechham's Pills or Stuart's Dyspepsia Tablets, as the case may be, and attest their merits with their signature and portrait. If he be one with political aspirations, he notes that United States Senators likewise laud Duffy's Malt Whiskey for the same purpose. Again if his dyspepsia has obtained the ascendancy of his genial nature and he is of the reform movement, he will discover that his leading lights advocate Angostura Bitters. If he be penurious, he goes to the corner druggist and obtains some pepsin for five cents. Again, if he belong to that class known as the "Public," he goes to the doctor with a ready-made diagnosis of indigestion, and calls for a prescription which, I regret to say, he usually gets without further ado or questioning, and trades his doubloon for ten drops of hydrochloric acid, which puts him ahead in one way and behind in another, of his penurious friend with the five-cent pepsin.

This is rapid, easy, and, in the majority of cases, satisfactory, but it is not diagnosis; and between this and painstaking study of cases there is no middle ground. One frequent cause of lax work upon the part of the physician is a feeling that the patient expects him to make an immediate diagnosis of his case. I believe this feeling to be unfounded, and am in the habit of postponing a positive statement as to the nature of a case until I have had an opportunity to make a careful physical examination, and if it then seems advisable, a laboratory investigation of the stomach contents.

It has been my observation that the tongue offers but little if any information concerning the condition of the stomach, despite the fact that it has long been considered to "reflect the lining of the stomach."

In this connection, Dickenson, quoted by Musser, says that he has not been able to discern any relationship between the state of the tongue and dyspepsia or ulcer of the stomach, apart from that which might occur from loss of appetite or restriction in the amount of food. Abnormalities of the intestinal tract, however,

are much more frequently associated with change in the appearance of the tongue.

Strictly speaking, the covering of the tongue is not a mucous membrane, but is developed from the epiblast, and hence is more closely allied to skin than to mucous membrane. The coating of the tongue, therefore, is not in the strict sense a coating, but a layer of desquamated epithelial cells from the filiform papillæ, which have been caused to separate by the action of a desquamative dermatitis.

The most frequent cause of this dermatitis is found in a toxæmia of intestinal origin, but may occur as a result of simple malnutrition. Again, it should be noted that this dermatitis may continue for some time after its original cause has subsided. Musser states, in concluding his article upon the subject, "In conclusion it may be stated that the tongue seldom points to solitary organs, or isolated disorders, but is a gauge of the effects of disease upon the system."

In a systematic examination, the first thing to be determined is the position of the stomach; for while extremely rare, it may be transposed to the opposite side of the body (*gastric situs transversus*) in a more or less general transposition of other viscera. Displacements may also be produced by peri-nephritic abscess, (forward, upward, and to the left), hypertrophic cirrhosis, or hepatic cancer (downward and to the right), chronic pancreatitis (slightly downward), and cancer of the pancreas (upward), spleen (right). Anders notes a vertical position of the stomach as a result of persistence of the normal infantile condition, or as a result of lacing or improper clothing.

For our purpose it will be sufficient to recall the location of a few points.

Only a part of the pyloric portion lies to the right of the median line, the pylorus being between the right sternal and parasternal lines, at about the level of the zyphoid cartilage. The cardia lies about at the sternal insertion of the seventh rib. The fundus, being in relation to the left side of the dome of the diaphragm, rises up to the fourth intercostal space. The situation of the greater curvature varies greatly with the amount of dis-

tension of the stomach, but will usually reach to a line midway between the free border of the ribs and the umbilicus.

Traube's half-moon space is that area of the thorax between the liver and the spleen and below the lungs, and is of greater value in determining encroachments from other diseases than from any gastric derangements.

In *gastroptosis* the entire stomach is displaced downward, although maintaining approximately its normal size. The lesser curvature descends to a point about midway between the ensiform and the umbilicus, that is to say, to about the point which the greater curvature should occupy in the normal empty condition. This will bring the greater curvature extremely low, so that when full, especially if associated with some dilatation, it may nearly reach the symphysis pubis.

The clinical symptoms may be entirely absent for a time, or they may be distressing without being pathognomonic. Constipation and colicky pains, together with more or less aggravated nervous symptoms, may be encountered. In this condition it must be recalled that the cardia, being fixed at the diaphragm, does not descend, so that a lowering of the pylorus occurs, which not only changes the level of the organ, but its relative position, making it more vertical, and in this way greatly hampering peristalsis and tending to produce atony, with diminished secretion of gastric juice, and lays the foundation for future dilatation. The absence of stomach tympany in the epigastric space should arouse suspicion of the condition, which can be easily determined by inflating the stomach either by Runeberg's method, which consists of passing a stomach tube into the stomach and then attaching an aspirating syringe, with its valves reversed to the free end of the tube, and pumping air into the stomach until a point is reached at which discomfort is experienced by the patient. French's method is somewhat less trouble to the physician, but more difficult to gauge accurately the desired degree of inflation. This method simply administers separately 7 gr. sodii bicarb. and 6 gr. of acid tartaric, dissolved in water, which, when mixed in the stomach, effervesce, giving off sufficient gas to dilate the organ. In women somewhat smaller doses should be used. Musser recommends 6 grs. of sodii

bicarb. and 5 grs. of tartaric acid. It will seldom be difficult here to distinguish by percussion the lower border of the stomach, as it will not here be confused with the colon, as may sometimes be the case when the organ is in its normal position. In case, however, confusion should arise, it could be determined by having the patient drink about eight ounces of water, and noting the dullness, which was previously absent.

Dilatation of the stomach may be suspected early in the affection by the increased thirst and hunger, the former frequently not being satisfied by drinking. Von Weinig explains the condition by stating that the obstruction usually existing at the pylorus prevents the fluid from entering the intestines, where it could be absorbed, and to the slowness or inadequacy of the tonic stomach walls to absorb it, even though present in considerable amounts. Later in the disease vomiting may occur at intervals of several days, in quantities way beyond the normal capacity of the stomach. The normal stomach will contain about fifteen hundred cubic centimeters, or three pints, whereas the vomited material may reach from three to eight times this quantity. The vomited material is constantly found to be in a state of fermentation, and will have a sour odor and taste, and the patient may complain of acid eructations previous to the vomiting. Disagreeable or even stercoraceous odors may be present as a result of the decomposition of the material, which, when examined microscopically, will be found to contain large numbers of bacteria and yeasts; especially have *sarcinæ ventriculi* been observed. Upon standing, the vomitus tends to separate into three layers, the upper being frothy and brownish, the middle layer a dark colored fluid, and the lower containing solid particles of food. Scanty, high colored, and strong-smelling urine, with constipation, usually occur. A peculiar symptom which frequently occurs is muscular cramp, which may affect any of the muscles, but more frequently occurs in the calves of the legs. Dizziness and attacks of syncope may be met with, as may tetanic conditions. In this condition it is well to remember that Anders mentions several cases of fatal tetany which occurred following the operation of washing out the stomach.

Of the physical signs, inspection and palpation are of equal value with percussion. Inspection reveals a prominence above the umbilical area, which may be associated with epigastric depression, and greater distension upon the left side. The greater curvature can frequently be outlined by palpation, especially if full; and when it contains fluid, the characteristic splashing sound may be elicited by rapidly compressing the stomach with one hand while the other is applied to the back as a brace; or the same sound may be produced by the patient himself forcibly contracting the abdominal muscles.

If the stomach has been washed out, a fair idea of the amount of dilatation may be obtained by noting the amount of water which can be introduced without causing the patient discomfort. A less satisfactory method has been suggested by passing a probang or rigid tube, and measuring the distance which it can be introduced before meeting resistance. The tube should normally pass about two feet, but in marked dilatation may exceed this figure by several inches. The same result, however, may be obtained in gastrophtosis.

About the only conditions which are liable to be mistaken for dilatation are megalogastria and gastrophtosis. In the former no subjective symptoms will occur, and there will be no loss of absorptive power. Anders advises the salol test to determine the motive power. In this test the stomach is emptied, and the patient is given 1 gr. of salol and made to empty his bladder. Normally salicylic acid should appear in the urine in one hour, whereas in dilatation it may not appear for three hours, when it may be detected by producing a purple coloration in the presence of neutral ferric chloride. Von Spanje has recently advised iodipin, which can be given in ten-grain doses, and which is not absorbed until it reaches the intestines, when it appears as free iodine in the saliva, and can be recognized by the starch test solution. Normally it should appear in the saliva in one hour. A delay indicates a loss of motive power.

To distinguish dilatation from gastrophtosis, it may be advisable to inflate the stomach in order to outline the lesser curvature in the latter condition. In this connection it may be noted that Behrend has reported three fatal cases this year from in-

fation, two occurring in old people with carcinoma, and one in ulcer of the stomach with perforation, so that moderate inflation should be produced first, and gradually and cautiously increased. If the quantities of bicarbonate and acid previously recommended are used, however, usually no untoward results need be feared.

Phillippow has recently called attention to dilatation of the stomach occurring in young children, especially in milk-fed infants of the better social class. Local symptoms referable to the stomach occur, and general malnutrition and weakness exist as a result of the toxemia.

Under the term "Spastic Stenosis of the Pylorus and Intermittent Dilatation," Korn describes a condition which appears suddenly, with practically no premonitory gastric symptoms, and manifests typical signs of motor insufficiency, pyloric obstruction, dilatation, and vomiting of large amounts of decomposing, fermenting foods, rich in bacterial flora.

The attack may pass off rapidly, or may gradually improve. The condition is probably caused by erosion or ulceration of the mucosa of the pylorus, causing reflex contraction of the muscular coat. The diagnosis must be made by exclusion, and it must also be borne in mind that repeated attacks will result in a chronic dilatation. Again, it must be borne in mind that a structural pyloric stenosis may have periods of cessation of all symptoms, so that the diagnosis should be guarded, especially if a clear previous history is unobtainable.

Of the inflammatory conditions of the stomach acute catarrhal gastritis is by far the most frequent, and may present any degree of severity, with concomitant, local, and constitutional disturbance. Some pyrexia is nearly always present, and may even reach 104. This condition should really include all cases of toxic gastritis, as the pathology of all cases seems to be produced by fermentation products, or ptomaines of some type. In case of poisoning by violent corrosives, as phosphorus, antimony, arsenic, or mercuric chloride, the symptoms come on rapidly, and the pain, vomiting, and prostration may be alarming. Blood may appear in the vomitus and urine, and a history of having swallowed the poison can usually be obtained. In the non-

corrosive cases the attack usually comes on a short while after eating, with a sense of fulness, thirst, oppression, dull pain, headache, eructations, nausea, and vomiting, which in the milder cases brings relief. In those cases of somewhat greater severity the symptoms are accentuated, prostration occurs, herpes appear, the breath becomes offensive, and the temperature may ascend several degrees, sometimes preceded by a chill. An erythematous rash may make its appearance, especially in children, and in some cases some jaundice is noted. The attack, however, subsides in from a few hours to four or five days.

The chief danger of confusion lies in the similarity of this symptom complex with the onset of some of the acute infectious diseases, especially scarlet fever, tubercular meningitis in children, and typhoid in adults. In scarlet fever the absence of angina and the "strawberry tongue" are significant. In the other conditions, especially where the cerebral symptoms are marked in one case or the intestinal involvement is accentuated in the other, it may be necessary to wait for a day or two before making a positive statement, and treat the case symptomatically. In case a corrosive gastritis is suspected, the vomited material should be received in a clean vessel, and saved in case subsequent analysis may be desirable.

Acute suppurative gastritis or phlegmonous gastritis may resemble the foregoing in the beginning, but the pain and constitutional disturbances usually differ somewhat. The pain is frequently sharp and localized, and the temperature may be irregular and frequently interpersed with chills. The physical signs are not distinctive, but any pressure usually intensifies the pain. Prostration soon passes into a typhoid state, and that frequently into coma. The vomitus should be examined microscopically for pus cells and blood, and if the disease has progressed for several days, a leucocytosis will usually be observed.

In chronic catarrhal gastritis the walls of the stomach may either be thinner or thicker than normal, depending upon whether or not an inflammatory deposit of new fibrous tissue has occurred. In any event, however, the glands of the mucosa will be found to be atrophied, and the distinction between acid and parietal cells nearly if not completely lost. The pyloric end

of the stomach usually suffers most, and may even be found to contain eroded areas closely bordering upon ulceration. The stomach is usually coated heavily with viscid, tenacious mucus, which microscopically usually is found to contain desquamated epithelium.

The amount of hydrochloric acid is diminished, so that fermentative changes more easily occur. The motor function is also decreased to a considerable extent.

Among the important subjective symptoms anorexia, feeling of distress after eating, heartburn, and belching of gases soon after eating, with epigastric pain, and frequently palpitation of the heart, a bitter taste in the mouth, which is persistent, excessive thirst, and nausea, are also frequently complained of. The reflex nervous symptoms are most varied, and may be exceedingly troublesome. Among those most often encountered are headache, which may be either frontal or occipital, tending to occur before meals, and which may be associated with some nausea, as in "sick headache;" vertigo, depression of spirits, which may be extreme, amounting to hypochondriasis or melancholia, or an inability for concentrated attention, or disinclination to any activity. Insomnia may occur, or drowsiness during the day, especially after meals, be complained of. During sleep, bad dreams may cause the sufferer to dread to go to bed. The urine is abundant, pale, of low specific gravity, and tends to deposit large amounts of urates and phosphates.

This condition may resemble or be associated with the more immediately dangerous gastric lesions, but the diagnosis must be principally based upon the absence of the characteristic physical signs of the lesions, and upon the large amount of alkaline mucus, motor deficiency, and small percentage of HCl.

In this connection I might mention a new physical sign which was first called to my attention by Dr. W. A. Bryan, and which I have constantly verified and rely upon almost entirely for distinguishing the boundary between the greater curvature and the colon. If we percuss from above downward, when the line between the two structures is reached there will be a line of about a finger's breadth where neither the colon nor the stomach touches the abdominal parietes firmly. When this space is firmly per-

cussed, a peculiar and characteristic "back slap" is experienced by the pleximeter finger, and the tone is a complex one instead of the more nearly pure vibration of the stomach or colon tympany.

Gastric ulcer, which is the term now usually restricted to mean the round or simple ulcer of the stomach, when typical, is extremely easy of diagnosis, but as it is usually associated with catarrhal gastritis and other conditions, it is frequently a task which taxes to the extreme the diagnostic acumen of the physician. The three cardinal symptoms are pain, vomiting, and hematemesis. The pain is rather constant, and may be dull, but is more usually severe, and described as gnawing or boring, and almost always circumscribed and constant in position. Besides this, more or less periodic attacks of gastralgie may be complained of; any food usually intensifies the pain, and emesis tends to bring relief. The posture which gives the greatest pain or most relief may be of some value in locating the ulcer. Vomiting occurs two hours after meals, and is frequent, and the vomitus will be found to contain an excessive amount of HCl. When blood is present it is of significance, but this sign is frequently absent. When it is present in small amounts the cellular character of the corpuscles may be destroyed by digestion, in which case it is necessary to recognize it by laboratory tests. Of course, when a large vessel is eroded, there is no trouble to recognize it at once, as the hemorrhage may be so severe as to cause collapse and death in a short time.

Anders gives gastralgie, chronic gastritis, passage of gallstones, cirrhosis of the liver, and gastric carcinoma as the conditions most likely to be confused with gastric ulcer.

In gastralgie the pain is frequent when the stomach is empty, and may be relieved by eating. Tenderness upon deep pressure is usually absent, in fact, steady pressure may give relief, whereas hyperesthesia of the skin may be present. Between attacks there may be no disturbance. Hematemesis is absent, although this may also be absent for a time in ulcer also. The diet has little or no effect, and the general health may be good. Signs of tumor or dilatation are absent, and neurasthenia and hysterical tendencies are usually manifest. In females the period of life near or during the menopause is frequently a predisposing cause.

While hematemesis may be present in small amounts in chronic gastritis, as a rule it is absent. The large amount of alkaline mucus is not found associated with ulcer. Again, in chronic gastritis the amount of HCl is diminished, whereas in ulcer it is increased.

In cirrhosis there may be hematemesis, but none of the other gastric symptoms, and the history and clinical signs referable to the liver will be elicited. In gall-stones the acuteness of the onset and sudden cessation of pain are diagnostic.

The diagnosis of *gastric carcinoma*, especially when it occurs upon an old ulcer and develops insidiously, may be impossible for a time, but nevertheless it should be our constant endeavor to recognize it as soon as possible, as a large percentage will be found amenable to surgical interference if recognized and brought to operation in time. The onset, however, may be abrupt. Anorexia, with but little pain, is the rule in the early stages. When much pain is complained of, it is of a lancinating or cutting character, and not of the burning or boring nature usually described in ulcer. The pain is not localized as strictly, as a rule, and may be referred to the back, arms, or shoulders, or other parts of the abdomen, sometimes suggesting appendicitis. Vomiting is less frequent than in ulcer or dilatation, and the vomited material is not usually characteristic. It may contain some blood if erosion has occurred, but is more frequently free from it. I agree with Anders that a chemical examination of the stomach contents for HCl is of great diagnostic value, although, as many writers have shown, not of absolute certainty. In not one of 154 consecutive tests of the albumin digesting power made by Reigel in carcinoma, was the power to digest this substance present. When HCl is present in carcinoma the former may be said with confidence to be secondary to an ulcer. Lactic acid is usually present if HCl is absent, and is due to fermentation, which the HCl normally restricts. In addition the microscope may reveal epithelial cells from the growth, red b. c., and certain characteristic bacteria which were first described by Boas and Uppler.

While no one of these points, taken singly, may safely be used as a basis for a diagnosis, still all of them together form a symp-

tom complex which cannot be considered second to the clinical picture, but neither the clinical nor laboratory findings should ever be considered apart from the other in this any more than in any other diagnosis.

Besides the conditions already outlined, gastric carcinoma may be confused with (according to Anders) cicatrized ulcer, carcinoma of the pancreas, transverse colon, and omentum, or aneurysm of the abdominal aorta. As a rule in these conditions the HCl will not be diminished, nor will the other gastric signs be present. In the aneurysm the bruit and absence of cachexia will be of value. Leucocytosis will also be absent.

Often neuroses, hypersecretion and hyposecretion give no physical sign, and can be determined easily by means of the stomach tube.

To conclude, I might quote Brunner, who says, "The life of the patient lies in the hand of the practicing physician. If the general practitioner makes a prompt diagnosis, and sends the patient to the surgeon without waiting for shock to subside, and without the administration of morphine, then the patient owes his life as much to the physician as to the surgeon."

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#### ETIOLOGY AND PATHOLOGY OF ATROPHIC CIRRHOSIS OF THE LIVER.\*

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BY WM. LITTERER, A. M., M. D., NASHVILLE, TENN.

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IN view of the fact that the pathology, and more especially the etiology, of atrophic cirrhosis of the liver is in such an unsettled condition, and one that is of so vital importance to us, I deemed it advisable to make a few remarks relative to some of the present views held upon the subject.

First, we shall take up the etiology — from the reading of most standard text-books and treatises upon the etiology of this disease; they assert unconditionally that alcohol stands pre-eminently as the chief etiological factor in its production. So firmly rooted is it in the minds of most of us that alcohol is the paramount cause, that at the mere mention of a patient with

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atrophic cirrhosis, we invariably associate that person with one addicted to the liquor habit, hence the common appellation, alcoholic cirrhosis, or drunkard's liver. From the clinical standpoint, alcohol stands with unerring figures as the chief predisposing factor. The late Austin Flint said of those who had cirrhosis, and in which no alcoholic history was obtainable, that "etiological laws are more trustworthy than human testimony."

But we have a different phase of the situation when viewed from the experimental point of view. Pathologists and experimenters are able to make just as sweeping statements in opposition to the views held above. Practically, all assert that we have no reliable evidence that alcohol alone can cause the slightest fibrous tissue proliferation. Countless experiments, both in this country and in Europe, have been conducted to determine this point, but with negative results. I will simply refer to probably the most extensive and prolonged series of experiments recently made upon the pathological effects of alcohol; those which were conducted in Baltimore by Dr. Friedenwald, working under the supervision of Professor Welch, in behalf of the Committee of Fifty (for the physiological aspect of the liquor problem).

Professor Welch says of these experiments that, like most other experimenters, we were unable to produce experimentally the most characteristic of the morbid lesions of alcoholism, viz., cirrhosis of the liver. He further states that this negative result cannot be attributed to the short duration of the experiments, or to the small quantity of alcohol consumed.

Dr. Friedenwald noted extraordinary individual variations in the susceptibility to alcohol on the part of rabbits, whereas certain animals succumb quickly to repeated daily intoxicating doses; others could be kept alive for at least four years under these circumstances, without presenting serious anatomical changes. The most common lesion which was produced experimentally was a fatty metamorphosis of the cells of the liver, the heart muscle, and kidney. This lesion quickly disappeared after stopping the alcohol.

You can readily see from the statements of these observers that the prolonged and frequent ingestion of alcohol is incapable

of stimulating fibrous tissue to proliferation, leading to an interstitial hepatitis or arterio-sclerosis.

Adami of Montreal, working along entirely different lines to that of alcohol in the production of atrophic cirrhosis, conceived the idea that it was in reality due to an autointoxication, in which the deranged products of intestinal indigestion are produced by some micro-organisms, probably of the colon group, liberating their toxines, which are absorbed and carried to the liver, thereby stimulating the cells to new formation of fibrous tissue. He based his opinion upon the finding of the colon bacillus with great frequency in the cirrhoued livers of animals dead of Pictou cattle disease.

W. W. Ford, working under Adami's direction, attempted to produce cirrhosis in experimental animals by the injection of the colon bacillus, but obtained negative results. Weaver, however, working with an organism very closely related to the colon bacillus, succeeded in producing in guinea-pigs a condition accurately resembling that of human cirrhosis.

Only very recently, Boix of France conceived the idea, not unlike Adami, that hepatic cirrhosis was due to absorption of the deranged metabolic products of intestinal indigestion. He treated a large number of animals with lactic, acetic, butyric, and valerianic acids. His results are exceedingly interesting, and, if confirmed, will do much in clearing up so complex a problem. He obtained a typical cirrhosis of the liver with considerable regularity by injecting either butyric, lactic, or acetic acid or their combinations. He then combined alcohol with these various acids, and again obtained true atrophic cirrhosis, but it was not so marked as when the acids were used alone.

Ford, of Baltimore, is of the opinion that the theory conceived by Adami and Boix, in many respects, explains the complex processes in cirrhosis of the liver better than any other; for he says that we all know that subjects of hepatic diseases do suffer markedly from chronic indigestion, and from this fact, the absorption of decomposition products produced by micro-organisms in the intestines takes place as a result, and since experimental evidence points to these agents as producing atrophic cirrhosis, it is reasonable to suppose that intestinal indigestion is the most

plausible causative factor. We have many other causes that are instrumental, either directly or indirectly, in causing Laennec's liver, aside from those that I have just mentioned.

Time will not permit me to go into details of the many causes assigned as the causative factors in this disease. I will, however, mention some of the most important, as follows: The toxic products of faulty metabolism in gout, diabetes, and rickets. Syphilis has its share of cases. The French writers lay great stress upon malaria as being an important factor, but Osler is of the opinion that it is excessively rare. Other causes that play a minor role are lead, tuberculosis, carcinoma, cardiac diseases, eating of spicy foods, senile atrophy, anthracosis, etc. Notwithstanding the large number of causes enumerated above, still we have many cases in which there is no attributable etiology whatsoever. Even in young children, atrophic cirrhosis is not a very rare one, and out of that number in the vast majority of cases the causes remain unknown.

*Pathology.*—The exact pathology of this disease is still an open question, as to whether the fibrous tissue is first formed between the lobules, contraction taking place, producing pressure upon the parenchyma, causing the liver cells to undergo an atrophic change secondarily, or whether the cells first undergo necrosis and are later replaced by connective tissues. Most of our works upon this subject lead one to believe that only the fibrous tissue is first formed, and that the cells become atrophied secondarily from pressure. Many observers of late are inclined to lean more strongly to the opposite view. Among them are Weigert and his pupils, but more especially McCallum, Ford, Ackermann, and others firmly believe that the primary lesions in all cases of interstitial inflammation, including the liver, is cell death and the connective tissue production being secondary and compensatory, filling the gap (so to speak). Ford says, "This will explain to many most satisfactorily the etiology of hepatic cirrhosis, but many livers, however, show marked cellular degeneration, without a new growth of tissue. While no doubt the new formation of fibrous tissue is preceded in all cases of necrosis of liver cells, they are not necessarily followed by the production of fibrous tissue." The liver indeed seems to be capable of rather marked

reparative processes, and able to recover completely from cellular degeneration. As Kirikow has pointed out, not only must we have a necrosis of liver, but the production of fibrous tissue only follows long-continued irritation, more or less chronic toxic action. This question is one of obscurity, and at present it can be answered only by analogy. A very good example is that of hog cholera.

In this disease the hepatic disturbances especially predominate. We find that the liver cells undergo coagulation necrosis in a large majority of cases, and as Salmon and Smith have shown, in at least fifty per cent, of cases examined, they found extensive cirrhosis of the liver; proving, in this disease at least, that the cells undergo a necrosis, to be later replaced by fibrous tissue. Osler says that "with many of the specific fevers necrotic changes occur in the liver, which when wide spread may be followed by cirrhosis." In many instances we see reports where a patient has suffered from some specific infectious disease, as typhoid, scarlatina, etc., in the course of time atrophic cirrosis develops, being the only assignable cause.

These facts unquestionably strengthen the argument that the production of fibrous tissue is secondary and not primary, and when we have a wide-spread focal necrosis produced in the liver, as in hog cholera, typhoid, scarlet fever, etc., the liver will do one of two things: First, it will recover completely from the cellular degeneration, and undergo a marked reparative process; or, secondly, fibrous tissue will take the place of the necrotic cells, producing a scar formation.

In concluding, let me state that the etiology of this important disease, especially taking into account its earliest stages, is a question not settled as yet; but the weight of evidence experimentally seems to lean to the idea that it is due to the absorption of deranged metabolic products, as lactic, acetic, butyric, etc. from the intestines produced by various micro-organisms. Still these results will have to be confirmed by many before we can definitely say that it is the chief cause. As regards alcohol, we have our clinical evidence pointing with unerring figures to it as the chief causative factor, but experimentally, as admitted by practically all workers, alcohol of itself is not sufficient to

produce tissue proliferation. It may act indirectly, in conjunction with other agents, but certainly not directly.

Notwithstanding the many causes enumerated above, we have still left a vast number of cases in which no assignable cause can be made out. Thus we are brought no nearer to our goal in trying to solve the primary causative factor in this disease. I can do no better than to quote W. W. Ford in a most excellent monograph on the early diagnosis of cirrhosis of the liver, when he says that "the whole subject is shrouded in a veil of mystery which the clinician must lift from the history of the case, and the progress of the disease, and which the pathologist can only conjecture from the post-mortem findings." Must we not again appeal, in our attempt to solve the ultimate problems of this disease, to that triad of deities which Osler would hold responsible for arterio-sclerosis,—Mars, Vulcan, and Venus,—whose devotees sacrificed their own entrails upon the altar fires of life, and by their own intemperance offer up themselves to that final destiny which shapes the ends of us all?

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## *Abstracts.*

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### CREOSOTAL IN PNEUMONIA.\*

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BY PROF. ANDREW H. SMITH, OF NEW YORK.

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In discussions of pneumonia the pneumococcus is often confused with the pneumotoxin. The first is a micro-organism which finds a nidus in the air-cells of the lungs, constituting a local lesion; the second is generated by the first and then absorbed into the blood, giving rise to acute fever. Perhaps a majority of persons almost constantly carry pneumococci in that part of the airway which is lined with ciliated epithelium, and there the cocci do not multiply freely and are unirritating. So long as the ciliae remain active, they oppose the advance of the germs toward the air-cells, where there is pavement epithelium. But the introduc-

\* Abstracted from *The American Therapist*, Jan. 15, 1905.

tion of a single germ into the congenial nidus afforded by the air vesicle may be sufficient to set up the process; and as the organisms multiply and the toxin from them is absorbed into the blood, the infectious fever appears.

This is prefatory to the question whether it is possible to abort or favorably influence the course of pneumonia by drugs. Are the germs in the lung and their products in the blood capable of being so acted upon by safe doses of antiseptics as to be deprived wholly or partly of their harmful effects? Many affirm, some deny, while perhaps the majority consider the question *sub judice*. I do not hesitate to range myself with the first class, and to own to impatience with the second. For more than a decade evidence has accumulated to the fact that a number of substances, possessing bactericidal or antiseptic properties when introduced into the system, do influence materially the course of the disease, and diminish its severity. Of these the one in which I have most confidence is creosote carbonate or creosotal. It reverses the usual proportion of crisis termination to lysis termination, so that the former, ordinarily much the more frequent, becomes much the less frequent. This fact has been observed by Peabody, W. H. Thomson, myself, and others, and can scarcely be without significance. The favorable effect of creosotal upon the mortality is testified to by a long list of authorities. The very extensive bibliography is so easily accessible that I will not burden this article with its reproduction.

In a paper contributed to the "Medical and Surgical Report of the Presbyterian Hospital for 1904," Drs. G. A. Tuttle and H. S. Carter report six hundred pneumonia cases treated in the hospital during the six years ending February, 1903. The mortality in uncomplicated cases was 22.8 per cent.; in complicated ones 36 per cent., and when connected with other diseases, 47 per cent. One hundred and one cases, of which thirty were complicated, received ten minims of creosotal every two hours during the whole course of the disease, in addition to the usual symptomatic treatment. According to the ratio in the other cases, the thirty complicated cases should have given eleven deaths, and the seventy-one uncomplicated ones sixteen deaths,—together, twenty-seven deaths. The actual number of fatalities was sixteen,

nine in complicated and seven in uncomplicated cases. The mortality in the uncomplicated cases under creosotal was therefore 7 per cent., as against 22.8 per cent. in uncomplicated cases under other treatment.

In most of the cases reported in the United States the dose of creosotal rarely if ever exceeded ten minimis every two hours. My friend, Dr. W. W. Baldwin, of Rome, Italy, reports to me, however, that he gives as much as thirty or forty minimis every three hours, and has treated eighteen consecutive cases without a single death, even when the prevailing type of this disease was fatal. He never saw any disagreeable symptoms from its use. I personally have never ordered more than fifteen minimis every two hours, but should not hesitate to do so if that dose did not reduce the temperature within twenty-four hours. I know of no instance in which harmful effects were noted. Smoky urine appears, but is of no moment and negligible.

It is important to begin the treatment at an early stage of the disease, so that the first exudate poured into the air cells may be impregnated with the drug and rendered an unfavorable culture medium for the germs. When once the cell is packed full with fibrin, the plug will be but little affected by any remedial agent in the blood. But the early institution of the treatment is usually precluded in hospital and consultation practice. In family practice there is a natural hesitancy to use an unfamiliar treatment. Therefore the conditions are seldom favorable for the fullest success of creosotal; nor will this be otherwise so long as the efficiency of *any* specific is dogmatically denied.

The creosotal has incidentally a decided effect in preventing the formation of gas in the stomach and intestines, with all the discomfort and danger attending abdominal distension.

Should I myself be attacked by pneumonia, I should wish to be treated by a physician who believes in creosotal and will employ it with a liberal hand.

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THE NOBEL PRIZE in physical science has been awarded this year to the English physicist, Lord Rayleigh. His co-worker, Sir William Ramsay, received the prize in chemistry. The five prizes now amount to \$40,000 each.

## Clinical Reports.

### CLINICAL SOCIETY OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.

*Stated Meeting, Held January 9, 1905.*

THE President, Dr. Daniel S. Dougherty, in the chair.

#### PATIENT WITH TUBERCULOSIS OF WRIST.

Dr. V. C. Pedersen showed this patient. Several years ago she went to one of the large hospitals of this city, with a condition presenting the early stages of arthritis of the wrist. Expectant treatment was adopted, and was followed by swelling of both the hand and forearm. Notwithstanding the fact that the metacarpal phalangeal joints were ankylosed, no effort was made to reduce the ankylosis by the hospital staff. The patient was then recommended to go to the central part of the State, where she improved in general health. There the supposed diagnosis of tuberculous synovitis of the extensor tendon was made and explored operatively. Six months later she presented herself to the speaker, who did a resection of the wrist. The trapezium and the synovial membrane between it and the thumb were in fairly healthy condition, and were not removed; likewise the membrane between the radius and the ulna, and the pouches between the bases of the fourth inner metacarpal bones. About a year later pain and swelling began to appear on the outer side of the hand, and a secondary operation was performed, when it was found that the trapezium and the synovial membrane were tuberculous. These were removed. The wrist was opened a year after that, and extensive tuberculosis of the metacarpal surfaces of the ulna and radius, and likewise of the other bones, was found, and the third operation was almost as extensive as the original resection. The arm was elongated, allowing the cavity which was left to fill with blood-clot, which organized without suppuration. This was done at the suggestion of Dr. Dawbarn, who was called in as consultant, but personally the

speaker thought it much better to accept shortening, and approximate the bones of the metacarpus to the bones of the forearm. Cosmetically, the condition of the patient's wrist is very satisfactory, and it is hoped that all tuberculous foci have been removed, but it is only five weeks after the operation, and too soon to tell the final result.

Dr. A. Lyle said that for some years it had been his custom to adopt the expectant treatment in cases of tuberculosis of the wrist, but to-day he was in favor of operating at once.

Dr. J. A. Bodine said that in tuberculosis of the hip joint, where it was possible to get more or less perfect rest, there are reasons for adopting the expectant method of treatment; but he thought in the wrist, where the anatomical configurations of the joint are so complex, and where it is so impossible to get physiological rest, it was better to operate at once. He thought the result in the case shown very satisfactory, but it was entirely too soon to judge of the outcome of the operation.

#### PATIENT WITH ARTHRITIS OF KNEE — PROBABLY GONORRHEAL.

Dr. Pedersen also presented a patient, the victim of a druggist's error, who, realizing himself to be in the early stages of gonorrhœa, entered a drug-store and asked for flexible medicated urethral bougies, stating to the druggist the purpose for which they were intended. Instead of bougies the druggist dispensed pure silver nitrate caustic in sticks, which the patient, in ignorance, inserted with the following results: Excruciating pain and burning, after a few moments followed by total absence of feeling; later tremendous swelling and inflammation of the part appeared; total inability to urinate supervened, so that the use of the catheter was absolutely necessary. The fifth day after the accident there were silver nitrate burns on both thighs, as far as the knees, two or three having penetrated almost or quite through the skin, as subsequent scarring proved. The entire skin sheath of the penis was swollen to several times its normal thickness; the margin of the foreskin was burned raw almost completely around; the glans was violently inflamed, swollen, and edematous. It was impossible to retract the foreskin even partially. The meatus was with difficulty brought into view, and was completely filled with the typical whitish slough of silver nitrate

burn, which extended backward fully four inches, and gave the urethra the feeling of boggy, rotten rubber tubing. Behind the slough the urethra was distinctly tender. The prostate was not investigated.

The urethra was cocainized, a soft lisle thread catheter was inserted into the bladder, and about fourteen ounces of clear urine was withdrawn. The patient was sent to the hospital, and a lead and opium wash applied externally. The copious discharge was found to contain gonococci.

The patient was catheterized once in twelve hours, in order to decrease the likelihood of infecting the bladder. Within twenty-four hours after admission, drainage was carried out through the perineum with the double purpose of stopping the catheterizing and of putting the urethra at rest. At the time of the operation the slough came away in mass, and the urethra and bladder were irrigated thoroughly and copiously with very hot potassium permanganate solution 1-4000. Subsequent treatment was irrigation of the bladder with hot potassium permanganate solution and hot boric acid water two or three times a day. The same substances were also used on the urethra. At the time of operation 32 F sound was passed, without force, through the urethra. About six days later, 25 and 27 F straight sounds were passed, with some pain, to the bulb of the urethra. Later, under gas anesthesia, 60 F straight sound was passed. All subsequent examinations of the discharge for gonococci have been negative, and at the present time the patient passes, with the aid of cocainization, 29 F sound quite easily.

On the day following the original operation, the foreskin was slit dorsally from end to end, in order to be sure that there were no severe burns of the glans. Circumcision will be carried out upon the patient within a few weeks. Whether it will be necessary to do an internal urethrotomy through the scar of the deepest burn, in order to gain space, remains to be seen.

#### HISTERECTOMY SPECIMEN WITH HISTORY.

Dr. Pedersen also presented a specimen which had been removed from a patient on whom hysterectomy for extensive laceration had been performed. The patient's history, previous

to marriage, was negative. Ten months after marriage she was delivered of a full-term dead child with instruments. Puerperium lasted ten weeks, with severe symptoms. Two miscarriages, the following year, were followed by pregnancy some months later, with what was considered menstrual flow during the first six months. She was delivered of a full-term male child by the breach, with little trouble, puerperium lasting ten days. This child is strong and healthy at the present time. Eighteen months later she was again pregnant, giving birth to a second male child. The mother nearly lost her life through hemorrhage. This boy is also living and in good health at the present time. Nursing was impossible through weakness of the mother; she was, however, able to nurse her first son for fifteen months. In the summer of the following year she was again pregnant, and during the winter nearly had a miscarriage. She gave birth, however, to a female child. This labor was nearly natural, and no physician was on hand at the time. This child is also living and in good health. A year later she was taken sick with apparently accidental hemorrhages during a pregnancy. Upon her physician's advice she went to a hospital in Connecticut, where a curetting was carried out, four days after which she had a miscarriage of apparently a six weeks' foetus.

Later in the same year she again went to the same institution, where she was treated for syphilis. Her doctor, doubting the diagnosis, sent her to a specialist in this city, who positively denied the existence of syphilis in the eruption. In December of the same year the patient had a miscarriage. In December, 1903, she was sent to a New York hospital for the repair of a very extensive laceration, extending almost to the left horn of the uterus. Suture of the tear was done, and secondary hemorrhage almost carried the patient off. After her recovery she was told to return in October for examination, when she was informed that hysterectomy was necessary, but her condition would hardly warrant the operation.

Dr. Pedersen saw her late in October, in excellent general health and spirits, and showing a uterus normal in size, form, and consistency, freely movable from the back, right side, and front, but distinctly adherent on the left, where an extensive infil-

tration was present, associated with an extensive tear, the depth of which was not fully explored. Hysterectomy was advised, and performed Nov. 17, 1903. The patient made an uneventful recovery, and was discharged December 15. The operation, which proved somewhat difficult, was carried out through an abdominal incision.

When sent to New York, the patient had been suffering intolerably for two or three months at each menstruation, and had been scarcely free of pain at any time. Since the hysterectomy the doctors say she has been entirely free of pain, well and happy, recognizing each menstrual epoch, and has had a number of hemoptyses, which subsequently changed to epistaxis at the time considered by her to represent her monthly flow. A report from the doctors state that she has gained in weight, and her monthly flow is still recognizable, being accompanied by epistaxis frequently, occasionally by hemoptysis, and once by hemorrhage from the bowels, and various disturbances.

Dr. J. Riddle Goffe said that the history of the patient upon whom the hysterectomy had been performed, as well as the ultimate outcome, justified Dr. Pedersen's procedure. The speaker was surprised that the patient suffered with the symptoms of vicarious menstruation, and should have nosebleed at the regular monthly recurrences. He said that examination has proved that the Fallopian tubes play a very active part in the shedding of blood, and the speaker had operated on two cases in which he had had the opportunity of watching the dripping of blood from the uterine ends of the tubes into the vagina.

#### RESULTS OF TREATMENT OF ENDOCARDITIS IN CHILDREN.

Dr. Lucy Jones showed several children whom she had treated for endocarditis. The first patient shown, a boy of about eight years, was first seen by the speaker in July, 1902. His mother then said that he had for three days suffered from a fever for which she could not account. As is her custom, the speaker stripped him and began examination from the head. His tonsils were swollen, lungs negative, heart presented a presystolic murmur at the apex, which accounted for his fever. He was put to bed, and absolute rest insisted on; salicylate of soda given, an ice-bag put over his heart, and he was given a milk and cereal

diet. Temperature gradually dropped each day until normal at the end of a week, but the pulse kept up, so the ice-bag was kept on for three weeks. At the end of the fourth week he began to sit up a little each day. When he first sat up, the murmur was very faint, but after a few days appeared very markedly. At present he walks and plays without any inconvenience to himself, and no murmur is apparent until he walks rapidly up and down the room a few times, when it becomes very marked.

The second patient, a girl of about six years, came to the dispensary with a history of three previous attacks of rheumatism. At this time she had been sick for three days, with pain and swelling in the ankles, high fever, which would not yield to treatment. Examination of the heart revealed a systolic and presystolic murmur at the apex. She was also put to bed with an ice-bag over her heart, and one week later had difficulty in breathing, was pale and anemic, and examination showed that the cardiac dulness extended from the articulation of the costal cartilage on the right side to one inch beyond the nipple on the left side. The heart sounds were distant and muffled. The diagnosis was pericarditis, with effusion. A fly-blister was put over the heart, and the effusion gradually disappeared, and the patient developed the friction rub of pericarditis, which also disappeared. At the end of a month the child was allowed to sit up. She runs and plays without difficulty, has not had an attack since, and is now perfectly well. No murmur is heard.

The next patient shown had been under treatment for three years. He gave no history of rheumatism. When first seen, he shook all over, and could not control his muscles nor hold anything in his hand. There was an aortic systolic murmur, with slight rise of temperature. He was put to bed, an ice-bag applied, and salicylate of soda administered, and within three days he had a presystolic murmur at the apex, as well as the aortic. In two weeks the chorea disappeared, but the heart was the same. At the end of one month he had an aortic, systolic, and presystolic murmur at the apex; at the end of three months he had a systolic murmur at the apex. When he was allowed to get up, two months later, he had an attack of indigestion, and

three days later the heart was attacked a second time, which lasted six weeks, when he was up again for two months, and then in bed again for five. He had hypertrophy of the left side of the heart, and acute dilatation of the right side, with attacks of angina. He exercises mildly, takes digitalis in small doses, which are increased when the heart does not do its work well, as the right side dilatation is still present.

The fourth patient had an attack of rheumatism about a year ago, with endocarditis, which was entirely cured, but later had two slight attacks of rheumatism, for which her mother treated her at home. She was allowed to run around the house, and to-night she has a presystolic and a systolic heart murmur, the result of not having been treated during the last attack of rheumatism.

In the speaker's opinion, the rest was the most important part of the treatment, the ice-bag, salicylate of soda, etc., being but secondary considerations.

Dr. F. Beal opened the discussion, and said that he thought the key-note of the whole treatment was in the one word, "rest."

Dr. M. Packard said that treatment of endocarditis in children was much more promising than in adults, and if the disease was recognized early enough, even if ulcerous, there was hope of a cure. In the first case shown, he thought that the heart was not compensated, because the murmur, although absent at other times, was brought out by exercise. Compensation in these cases can often be brought about by stimulation, and the best method is by judicious diet. He advised feeding the children six or eight times a day, and very little at each feeding, and not allowing them to drink much liquid at any one time, as rapid filling of the vessels of the heart would cause dilatation. He thought that puberty often brought on compensation, as then the muscles both hypertrophied and dilated as well.

Dr. Jones said that the boy was now on a diet, his exercises were watched, and at the first sign of fever his mother put him to bed and kept him there until entirely well.

#### SPECIMEN OF PRIMARY EPITHELIOMA OF TONSIL.

Dr. Robertson presented this specimen, which he had removed from the patient a month previously. The history was that nine

months ago a slight swelling appeared at the angle of the right side of the jaw, which gradually increased in size, but there was no sore throat. Examination revealed a much ulcerated tonsil. Epithelioma was suspected, and four days later the speaker removed part of the tonsil and eight or ten glands, and had them examined, and the diagnosis of primary epithelioma of the tonsil was made. The enlargement of his throat at the present time has developed during the last four weeks. X-rays are being used, and boric acid and aristol are being blown in as a powder on the tonsil growth.

Dr. Bodine said that in all cases of suspected malignancy of the tonsil, physiological doses of iodide should be given, and the dose should be increased until one of two things happen,—either the disappearance of the lesion, or symptoms of constitutional iodism. He had, in his own practice, administered as much as 900 grains of iodides in one day, with resulting disappearance of the lesion. As to the removal of a piece of the tonsil for microscopical examination, the wisdom of such procedure is open to question, unless the patient is fully prepared for immediate operation upon the report of malignancy. The clinical diagnosis of malignancy in the case shown is sufficient, without the microscope, and in the event of a different report by the pathologist, he would place his clinical diagnosis above that of the microscope, and operate anyhow.

Dr. Milton Franklin said that the microscopical picture presented by this condition could not always be accepted as final. He recalled a patient who had received a physiological dose of iodides without effect, and examination of a section of the tonsil under the microscope presented all the structural characteristics of epithelioma; two weeks later a second section was removed, which showed no evidence of epitheliomatous infection; a third section, two weeks later, presented the typical picture of epithelioma, as did the clinical aspect of the case, which resembles multiple epithelioma of the side of the face, tonsil, and lip. Potassium iodide was administered, and when the iodide was removed, the lesion disappeared entirely. X-ray treatment, he thought, helped these cases more or less, as the lesions grew smaller, and even often disappeared, but ultimately the condition again developed, and the outcome was rarely satisfactory.

Dr. Dougherty said that he had seen two cases, both of whom were treated with iodides, and both of whom died before the physiological dose was reached. He had tried to persuade both patients to submit to early and radical operation, but without success. In one case the growth was very gradual for twelve or fourteen months, and then suddenly developed very rapidly.

Dr. R. C. Myles said that in his opinion the only hope for cure in these cases lay in early and radical operation. He had at the present time a patient suffering with epithelioma of the tonsil who absolutely refused to be operated on, and who was being treated with X-ray, but, although the mass was becoming smaller, the speaker had no confidence in the ultimate result.

Dr. Robertson, in closing the discussion, said that his patient had been given potassium iodide from 5 to 10 grains, increased daily, in saturated solution. The advisability of a secondary operation was discussed, but was not deemed wise because of the almost certainty of the recurrence in all of these cases.

The paper of the evening was read by Dr. Joseph Y. Mangum, and was entitled:—

THE ABDOMINAL VS. THE VAGINAL ROUTE IN GYNECOLOGICAL  
OPERATIONS.

He said, in part, that whether to approach a pelvic lesion by the abdominal or pelvic route was a question often difficult to answer. It can only be answered correctly after a careful examination of the history, and especially of the physical conditions, has given the surgeon a clear idea of the intra-pelvic conditions and of what he must accomplish to secure the greatest possible permanent benefit.

The choice of a route is never difficult in cases of recent extensive bilateral pelvic suppuration, pelvic abscess, puerperal sepsis, or in any collection of pus, blood, or other fluid low down in the posterior cul-de-sac. Here the way through the vagina should usually be chosen, because by this route we can evacuate the septic material, drain, and cure with the least possible danger of infecting the general peritoneal cavity. You have by this route the advantages of a small wound, a small raw area to absorb the septic material, and a natural sewer to drain through, avoid-

ance of exposure in handling the intestines, and consequently less immediate risk and shock.

The vaginal route is, for a large proportion of cases, impracticable, and especially for the man of limited experience. The long, narrow vagina, the small vagina, or small vagina from senile atrophy, may render the field almost inaccessible. Enlarged uteri, with short, thick, broad ligaments and enlarged appendages, and with adhesions extending beyond the reach of the finger, may cause it to be impossible to complete the operation satisfactorily. Under these circumstances the abdominal route is much to be preferred and much safer.

The abdominal route is also preferable in abdominal cyst, cystic ovaries, fibroids, myoma, tubal pregnancies, general conservative work on the appendages, such as occluded tubes, adherent ovaries and tubes, hydrosalpinx, broad ligaments, cysts, and displacements of the uterus. First, there is a larger field for operation, which is exposed, and the operator is not compelled to rely entirely upon the sense of touch. Diagnosis of unsuspected pelvic and abdominal lesions and complications is much easier, and pathological conditions are revealed that would pass entirely unnoticed if the operation had been performed by the vaginal route. The field of operation is much cleaner, as the surgeon does not operate through one sewer of the body and between two other sewers, and one that it is impossible to sterilize. The chances of adhesions are great, especially when gauze packings or instruments are left in the vaginal incision. Also, there is no danger of secondary infection, as in the vaginal route, and if the uterus, bladder, or intestines are wounded, they can be repaired at once and satisfactorily. Also, the abdominal route presents more light for conservative work on the appendages, and there is almost always a sensitive scar after vaginal incision, and not after abdominal.

Dr. C. H. Child, Jr.; opened the discussion of Dr. Mangum's paper. He said that in his opinion no route was advisable for all cases, but he thought that the vaginal route should be used much oftener than it was by the average gynecologist, though not as often, perhaps, as by the vaginal operator, and had a much greater field of usefulness than the writer of the paper allowed.

The operator who drains a pus-pocket through the posterior vaginal fornix is only following out the way pointed out by Nature. It is a very simple procedure, but celiotomy through the anterior vaginal fornix discloses the whole pelvic field for treatment, and by this method of approach any abnormal pathological condition limited to the pelvis can be satisfactorily treated. As to the writer's statement that sensitive scars persisted after the vaginal incision more frequently than after the abdominal, it has been the speaker's experience that the opposite was the case, there being a far greater nerve distribution in the site of incision in the abdominal wall than in that of the vagina. A tense sensitive condition of the utero-sacral ligaments frequently persists for some time after a posterior incision for pus drainage, and very probably this condition is what the writer considered sensitive scar.

Dr. J. H. Burtenshaw said it was preposterous to lay down a hard-and-fast rule as to operations by the abdominal or vaginal route. To a certain extent each and every abdominal pelvic condition requiring surgical intervention is a case unto itself, and the character of the lesion, the depth of the pelvis, the size of the vagina, the skill of the individual operator, are all factors which must be duly considered. He deprecated the teaching that one method of attack should be followed to the exclusion of the other. While it is well known that vaginal section is far less productive of shock, in the majority of instances, it by no means follows that it should be adopted in all cases.

Dr. B. Torrens said that the lesions best treated by the vaginal route were those which lie below the brim of the pelvis, and which are the product of infections which have found their entrance through the vagina. In this list should be included not only puerperal infections and free pus in the pelvis, but also pyosalpinx, occluded and adherent tubes, cysts of ovary and broad ligament, adherent and retroverted uteri, and also early ectopic gestations. The advantages of the vaginal route in the above classes of cases are that in entering the peritoneal cavity, but two anatomical layers are cut, which reunite without suturing; the lesions lie between your opening and the intestines, which are less liable to injury and infection; also, absence of hemostasis

and ligatures ; perfect drainage ; shorter operation ; less profound and shorter narcosis ; no subsequent hernias ; lower mortality.

Dr. B. H. Wells believed that in many instances the choice of route was a matter of individual skill or preference. Personally, he found the abdominal incision, in operations for the relief of uterine displacement, conservative work on the uterus or appendages, extra-uterine gestation, most cases where hysterectomy was required, and where long tumors had to be removed, with extensive or recent pelvic suppuration, the vaginal method was the best.

Dr. J. C. Taylor said that over fifty per cent. of gynecological operations were performed for pus. Now, Dr. Mangum said that with free pus in the pelvis and free fluid in the pelvis, he advised the vaginal method ; but cases of fibroids, tubal pregnancies, pyosalpinx, ovarian cysts, etc., should be done through the abdomen. The hospital records of St. Luke's, Woman's and Roosevelt Hospitals for the past five years show that the pus operations done through the abdomen show a fatality of ten per cent. The operations done by the late Dr. Pryor and Dr. Cleveland through the vagina show a mortality of less than one per cent. If patients operated on through the abdomen do get well, there will be either adhesions of the omentum and intestines or the risk of a hernia in many cases. If a tubal pregnancy, for instance, ruptures before the sixth week, it will be found in the pelvic cavity, and should be opened there.

Dr. Goffe said that he found the field of the vaginal operator being gradually extended. Dr. Noble of Philadelphia, a few years ago, operated on all pus tubes through the abdomen, with a mortality of about twenty per cent., and now attacks them through the vagina with a mortality of less than one per cent. Nothing was heard about vaginal sensitive scar until the opposition arose to the vaginal route for minor pelvic surgery. Hysterectomies had been done for years and no objection made to the operation on account of sensitive scar, and the scar from that operation is much more extensive than that arising from an anterior or posterior vaginal section for dealing with the appendages. As a matter of fact, the speaker had never met with a sensitive scar in any of his cases after vaginal section, and had probably examined as many as any one.

## Records, Recollections and Reminiscences.

### SPECIAL NOTICE.

The Association of Medical Officers of the Army and Navy of the Confederacy will hold its next annual meeting in Louisville, Ky., Wednesday, Thursday, and Friday, June 14, 15, and 16, 1905.

JNO. S. CAIN, M. D.,  
President.

DEERING J. ROBERTS, M. D.,  
Secretary.

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HEADQUARTERS UNITED CONFEDERATE VETERANS,  
NEW ORLEANS, LA., February 1, 1905.

### GENERAL ORDERS No. 23.

I. The Commanding General announces that, according to the custom heretofore in force, which leaves to the Commanding General and the Department Commanders the fixing of the date of the Reunion; the *Fifteenth Annual Reunion* of the United Confederate Veterans will be held in the city of Louisville, Ky., on June 14, 15, and 16, 1905, Wednesday, Thursday, and Friday, respectively, those days having been named by our host as satisfactory.

II. The Commanding General cannot attempt to enumerate the many attractions the glorious commonwealth of Kentucky has to offer to the United Confederate Veterans, but he may say that no State in the Union can point with greater pride to the daring achievements of her men and women in the days of the early settlement of the country, headed by the great rifleman, Daniel Boone, and the dauntless woman, Mrs. Woods; that none can present a grander array of noble Confederate sons than Albert Sidney Johnston, Dick Taylor, John H. Morgan, John B. Hood, John C. Breckenridge, Simon B. Buckner, Humphrey Marshall, George

B. Crittenden, and scores of others that could be named ; and he mentions with particular pride that to her belongs the honor of giving to the human race that great patriot, chivalrous leader, and unstained Southern gentleman, JEFFERSON DAVIS, our first and only President.

III. The Commanding General most heartily approves of the action which made the great city of Louisville the meeting point for the Veterans in 1905. The inclemency of the weather at the Reunion of 1900 practically set at naught the almost perfect arrangements that had been made for the pleasure of the wearers of the gray, and it was due to the generous and patriotic men and women (noted all over the world for their peerless beauty and matchless charms) that another opportunity should be given them to entertain the survivors of the Confederate armies.

These men and women are already devising ways and means to make the meeting of this year for splendor, extent, and variety, unequalled in our annals ; and those who were present on the former occasion know full well what can be expected, for the hospitality and welcome of the Sons and Daughters of Kentucky are only equaled in warmth and exhuberance by broadness and prodigality, and are limitless and unending.

Located, geographically, so as to be easily accessible to a vast majority of the Camps of the U. C. V. ; with lavish attractions spread out for their pleasure ; with men and women appealing to them to come to their homes and firesides, the Commanding General feels that " the Boys of the '60's " will be given a welcome that will have to be marked with a white stone. He, therefore, most earnestly urges the officers and members of Camps to commence now without delay to make preparations to attend this grand gathering. Let them at once set about selecting delegates and alternates, and use every effort to have a large attendance, so that this reunion may, indeed, be the largest and most representative ever held. He begs all Confederate soldiers, whether of the Army or Navy, whether members of Camps or not, to meet in Louisville, and live over for a little while in loving comrade-ship with each other the glorious deeds of the grandest armies the world has ever known.

IV. The Commanding General with much pleasure announces,

at the request of its most energetic President, Mrs. W. J. Behan, that the Confederate Southern Memorial Association will hold its meeting at the same time; and that the opening feature of the Convention will be the usual Jefferson Davis Memorial Service. The time and place of this service will be given in future orders, so that every Confederate may be able to attend.

V. The Commanding General sincerely hopes that the press of the entire country will endeavor to stir up interest in the coming meeting, and to this end he requests that this Order be published, and editorial comment made thereon.

By command of

STEPHEN D. LEE, *General Commanding.*

Official:

W.M. E. MICKLE, *Adjutant-General and Chief of Staff.*

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#### ALL WILL BE LOOKED AFTER AT THE COMING CONFEDERATE REUNION.

THE following announcement has been sent out:—

LOUISVILLE, Ky., February 17.—To Confederate Veterans: Charged with your entertainment at the fifteenth reunion of the United Confederate Veteran Association to be held in Louisville on the 14th, 15th, and 16th days of June, 1905, on behalf of Kentucky and Louisville, we desire to extend to you the sincerest and most cordial invitation to be present on that occasion.

We recall the fact that in the past there has been some complaint that the social entertainment for the sponsors and maids of honor and others, had in some degree interfered with provisions for the care and pleasure of the veterans themselves. Without sitting in judgment in any way on others, we hope in the conduct of this reunion to avoid all just grounds for such criticism of this kind in Louisville, and to make such provision for all the veterans who attend that they will feel that it is their reunion, they will have received every possible pleasure that such an occasion can bring.

Louisville and Kentucky feel highly honored to have these Confederate soldiers in their bounds. Both historically and politically, Louisville appreciates the coming of the Southern soldiers

into her midst, and the people propose to make this one of the most memorable occasions in the history of the association.

To relieve all apprehension or doubt, we send out this announcement that in all that can be done for the veterans, the coming reunion will be in the highest sense a veterans' reunion, and nothing will be left undone here that can add to their happiness or comfort.

While the veterans shall have all that can be desired or suggested, it must not be forgotten that Kentucky hospitality can meet all demands, and that sponsors and maids of honor, friends, associates, and sons will find a welcome that is worthy of this great city and historic commonwealth.

John H. Leathers, *President*; Bennett H. Young, *Vice-President*; John B. Castleman, *Second Vice-President*; Gen. B. W. Duke, *Third Vice-President*; Capt. Sam H. Buchanan, *Fourth Vice-President*; Thomas D. Osborne, *Secretary*; J. W. Green, *Treasurer*; William B. Thornton, Andrew M. Sea, J. A. Shuttleworth, A. E. Richardson, W. M. Marriner, E. Basye, George C. Norton, Thos. W. Bullitt, Maj. D. W. Sanders, Capt. John B. Pirtle, *Executive Committee*.

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## *Editorial.*

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### THE AMERICAN MEDICAL ASSOCIATION.

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The greatest gathering of medical men ever held west of the Rocky Mountains, and one of the greatest gatherings ever held anywhere, will be that during the Lewis and Clark Exposition at Portland, Oregon, this summer, when the American Medical Association will meet in convention. It is expected that at least 2,500 doctors of all cults will attend, and that these will bring with them their wives, families, and guests, to the number of 5,000 more. The sessions of the Association will be held from July 11 to July 14, inclusive.

Dr. K. A. J. Mackenzie and other local physicians associated with him have organized the work of preparing for the visitors, and the plans already formed provide for a number of most attractive features. Social entertainments will be on a large and elaborate scale. Trips up and down the Columbia River, where the scenery rivals any in the world, are among these. To enable delegates to appreciate thoroughly the river scenery, it has been arranged to hold one day's session on barges,

which will be hauled by steamers down the Willamette River a distance of eleven miles, to the Columbia, and then for a considerable distance up that world-famous stream. Facilities for such an excursion are of the best, the river steamers being powerful and safe, and the barges fitted with every arrangement for the comfort of the tourists.

The general sessions of the body will be held at the Exposition grounds, in Festival Hall, a building erected especially for such purposes, and other meetings will be held at various places throughout the city. The various sections of the Association—medical, gynecology, surgery and anatomy, obstetrics, ophthalmology, diseases of children, nervous and mental diseases, cutaneous medicine and surgery, laryngology and otology, meteria medica, pharmacy and therapeutics, pathology and physiology—will be provided with suitable separate accommodations. A special meeting place will be furnished house delegates, consisting of one hundred or more members, who will transact the business affairs of the body.

Arrangements are being made for rooms and board for the visiting medical men, and no difficulty is anticipated in securing suitable accommodations. Portland is amply provided with scores of first-class hotels and hundreds of family boarding houses. Besides these the houses of Portlanders will be thrown open for the accommodation of visitors. A hotel within the grounds will accommodate 600.

The railroad companies are lending assistance to the Lewis and Clark Fair project with an enthusiasm that has not characterized their attitude toward earlier expositions, and have provided lower rates from distant points than were ever before offered for a similar event. Under the schedule already made out, a person living in the Mississippi Valley may come to Portland and return for \$45. The rate for the round trip is \$52.50 from St. Louis and \$56.50 from Chicago, and one fare from points farther east. The tickets sold will be good for ninety days, and will provide almost unlimited stop-over privileges, thus making the chance to see the country as great an attraction to tourists as the Exposition itself. Yellowstone Park may be visited at small expense, and it is expected that arrangements will be perfected whereby a person may go one way by one of the northern routes and the other by way of California. Up and down the Columbia the scenery is magnificent, and there are many places of historical interest well worth visiting. A large number of handsome and comfortable river steamers will make regular trips to these points during the Exposition period, from June 1 to October 15.

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THE RUTHERFORD COUNTY MEDICAL SOCIETY met at Murfreesboro Wednesday, Feb. 1, 1905. The essayist, Dr. W. C. Bilbro, delivered a very interesting and instructive address on the Business Side of the Profession, which was fully discussed by all the members present.

**THE TENNESSEE STATE MEDICAL ASSOCIATION.**

The seventy-second annual meeting will be held in this city, Tuesday, Wednesday, and Thursday, April 11, 12, and 13, prox., and it is hoped that every member who possibly can attend will do so. Members in purchasing their railroad tickets will ask the agent for certificate, which, when properly certified here, will entitle the purchaser to a return ticket at one-third fare plus twenty-five cents.

The meeting this year, being at the capital of the State, promises unusually interesting features, especially as regards the scientific work of the Association. Quite a number of valuable papers and reports of cases have already been promised, but there is yet room for others on the program, and those desiring to read papers are urged to report titles of same to the Secretary before April 1, so that the program can be satisfactorily arranged.

It is important that every county society should send delegates to the meeting. The method of organization now extant in the State is far in advance of any preceding year, yet there are other important details that will add to its efficiency and perfection; and although in some quarters there are objections to the present system, the objectors, if interested in the welfare of the profession, can accomplish far more by giving in their allegiance to the organization, affiliating therewith, and adding their aid and counsel toward making it more perfect and acceptable to all.

From the very able address of Dr. L. G. Woodson as President of the Jefferson County (Ala.) Medical Society, we make the following strong and pertinent quotation which we most heartily and cordially endorse:—

"This is an age of organization. The individual is not sacrificed for the whole; on the contrary, he is given better tools to work with and a better vantage ground to work from. For him is conserved the experience of his fellows, and he is kept in touch with them by organization. All that has been is his if he will but stretch forth his hand and take it. The most successful man is he who best uses the knowledge gained by others as a foundation upon which to base his individual work. He benefits by that which those before him have accomplished —let him leave something behind him for those who are to come."

"A professional man who has nothing to learn has reached a very unfortunate condition. In the reports of cases which form an excellent part of our program there is matter of instruction and food for thought for the oldest as well as for the youngest doctor. Every physician meets with cases which intelligent discussion would render of interest to his fellows, and none should neglect the opportunity afforded by our meetings."

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NERVOUS EXHAUSTION and melancholic mania are relieved by *Celerina* in teaspoonful doses three times a day.

**STANDARDIZING BY ANALYSIS.**—Mariani and Company have been highly complimented on their policy of publishing the Governmental Analysis on each bottle of Vin Mariani. This is at once a stamp of truth and an indication of good faith and reliability in manufacture, which admits of no argument or false premises. The following analysis, made by the French government upon its own volition, is verified at frequent intervals:—

ANALYSIS OF THE PARIS MUNICIPAL LABORATORY

Quantitative Analysis Number 247.

The Director of the Municipal Laboratoire de Chimie certifies that Vin Mariani represents exactly:

Density, at 15 deg. C.....	1.014
Alcohol, percentage in volume, at 17 deg.....	17.07
"      by weight, per litre.....	142.9
Extractive, at 100 deg. in grams, per litre.....	87.36
Sugar, before inversion, per litre.....	41.60
"      reduced, after inversion, per litre.....	68.80
Sulphate of potassium, in grams, per litre.....	0.91
Tartrate, in grams, per litre.....	1.85
Ash .....	2.24
Acid, calculated as sulphuric.....	3.13
Acid sulphurous .....	none
Acid salicylic .....	none
Saccharin .....	none
Coloring matter .....	nothing abnormal
Deviation of polarimeter, before inversion.....	+ 2° 44'
Deviation of polarimeter, after inversion.....	- 2° 16'
Coca bases, combined in grams, per litre.....	0.220

(Signed)

GIRARD, Chemist,

Director of the Municipal Laboratory, Paris, France, March 24, 1900.

Other analyses made in the United States, under the Pure Food Commission of Ohio, and under the direction of the State Board of Health of Pennsylvania and the Illinois Pharmacy Board, confirm former examinations made in France, Germany, Russia, and elsewhere, thus demonstrating the absolute purity and reliability of Vin Mariani.—Coca Leaf, March, 1904.

You WILL ALWAYS FIND Ponca Compound a most efficient and reliable remedy in the treatment of functional, uterine, and ovarian disorders. In a large majority of cases Ponca Compound exercises a decided and specific alterative action on the uterine tissues, as also a general tonic influence on the pelvic organs, absorbing plastic exudations, regulating the vascular supply, relieving congestion, encouraging peristalsis, and removing spasmodic conditions.

"PAINFUL MENSTRUATION IN VIRGINS."—Dr. Wm. Sellman, of Baltimore, read this paper, and pointed out the necessity of giving relief to young unmarried women who suffered from painful menstruation. He considered the forms of dysmenorrhea that could be relieved by operation. These means should not be of a character to unsex the patient. Lastly he spoke of that class of cases in which dysmenorrhea was due to a general systemic neuralgia. In these cases, electricity in its different forms afforded great relief. It was doubtful in many of these cases whether the removal of the appendages would accomplish anything more than bring about a premature menopause.

Dr. H. W. Longyear, of Detroit, stated that in operating, if one ovary or a part of an ovary could be saved, he did so. He would enter a protest against operating on cases of dysmenorrhea that were of short duration in young girls.

Dr. William Humiston, of Cleveland, Ohio, had seen cases with a narrow, conical os, menstruating without the least sign of distress, but the moment an inflammatory condition of the mucosa was added, that moment the patient began to have painful menstruation.

Dr. D. Tod Gillian, Columbus, Ohio, spoke of the undeveloped condition of the uterus as a cause of dysmenorrhea. It was not the result of stenosis of the internal os, but to an unripe condition of the uterine tissues.—*Med. Review of Reviews*.

The thing that surprises us most in the above article is that not a single voice was raised to proclaim the almost magical effects of antikamnia tablets in such cases. We can readily recall quite a number of cases in which extreme suffering (dysmenorrhea) was promptly relieved, not by operation, but by antikamnia tablets. Evidently these men were surgeons only.—*Ed. Massachusetts Med. Jour., January, 1905.*

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A CASE OF PNEUMONIA FOLLOWING SEVERE TYPHOID: RECOVERY.—J. B. W., white, male, age 30 yrs. was recovering from a severe case of typhoid. On the 36th day his temperature was normal. On the 39th day it again began to rise, and in a few days had reached 104.5°, the pulse was 140. A severe cough and consolidation of the right lung told the story of a complicating pneumonia. After the long and severe drain upon his resources incident to the typhoid, his condition presented a very alarming, not to say desperate, situation.

Counsel was called, and it was decided that his only hope lay in the generous use of Antiphlogistine. A "large" package was secured, and heated by placing the sealed can in hot water. The temperature of the room was brought up to about 80°. A cotton-lined cheese-cloth jacket, open upon the shoulders and in front, was prepared and warmed. Uncovering the patient's thorax, Antiphlogistine as hot as could be borne was spread upon the skin about  $\frac{1}{8}$  inch thick over as much of the thoracic walls as could be reached (back, front, side, and over the shoulder).

This was covered with the jacket. Turning the patient over, the other side was dressed in the same way. The jacket was then drawn together over the shoulders and down in front with stout thread. It is proper to say the entire contents of the  $3\frac{1}{2}$  oz. package (large) was used for the one dressing.

The effect was surprisingly prompt. In a few hours the temperature had declined to a point of safety and the pulse to 120. A similar dressing was applied fresh every twenty-four hours. The improvement was steady and marked, and in six days the patient was again convalescent, thanks to Antiphlogistine.

The brilliant outcome of this case taught me the importance of careful attention to detail in the use of Antiphlogistine. Like everything else worth while, it must be properly used if the best results are to be obtained.—*From a correspondent in Florida.*

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THE TESTIMONY of thousands of physicians during the past twenty-five years justifies us in making the unqualified statement that no medicinal combination has ever been devised which will correct more promptly and thoroughly than Tongaline in one of its forms (liquid or tablets), as indicated, rheumatism, neuralgia, la grippe, gout, headache, sciatica, and lumbago.

The addition of Lithia to Tongaline presents an ideal remedial agent which does not rely upon its action on the kidneys alone, as is the case when Lithia salts or Lithia waters are administered, hence the kidneys are not compelled to do all the work, but are materially assisted by the extraordinary eliminative action of Tongaline upon the other emunctories, and the equilibrium of the system is undisturbed.

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NEOPLASMS.—We have received from Messrs. Reed and Carnrick, 42-44-46 Germania Ave., Jersey City, N. J., a very neat little pamphlet containing nine handsome colored plates, giving correctly thirty-six different reproductions of the microscopical appearance of tumors or new growths which appear in the body, and which will be of great value and interest to those engaged in microscopical study. Send to them for a copy.

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DR. M. B. SHADE, late editor *North American Medical Review*, in an article on how to manage nervous and spasmodic affections successfully, (*Medical Progress*) in part says:—

“All I think of taking with me on a night call is bromidia and papine, in addition to my pocket case. It matters not whether I find a case of cramp, colic, hysteria, spasms, insomnia, dementia, hypocondriasis, croup, spasmodic asthma, abortion, a fracture, neuralgia, rheumatism, cholera infantum, or what not; for in bromidia I find a remedy that can be relied upon in all cases where the muscular, mucous, or nervous systems are out of harmony. In many cases I find papine should be prescribed with

bromidia where severe pain accompanies nervous conditions, insomnia, appendicitis, cramp, colic, fractures, surgical operations, etc. In all cases where morphia is indicated, I find in many cases insomnia and nervous conditions accompanied by pain, incident to rheumatism etc., bromidia and papine act admirably, given in teaspoonful doses before retiring. No bad effects follow, no constipation, no nausea, no checking of the secretions, so that the business traffic of the system is not interfered with whatever."

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A TRIAL is all that is necessary to prove the merits of Aletris Cordial Rio in every form of uterine trouble.

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WHERE TRUE QUALITY IS SHOWN.—The excellence of Scott's Emulsion is recognized by the highest authority. The *London Lancet* said of it: "The value of the hypophosphites combined with cod liver oil, especially in wasting diseases and debilitated conditions, is well known. In addition to these constituents, Scott's Emulsion also contains glycerine, which is well recognized as assisting very materially in the absorption of oils and fats. We have examined the preparation with care, and find that it fulfils all the requirements and presents all the conditions of a very satisfactory emulsion. In appearance and consistence it is not unlike cream, and under the microscope the fat globules are seen to be of perfectly regular size and uniformly distributed. In fact, the preparation, microscopically examined, presents the appearance of cream. So well has the oil been emulsified that even when shaken with water the fat is slow to separate, the liquid then looking like milk. The taste is decidedly unobjectionable and is pleasantly aromatic and saline. We had no difficulty in recognizing the presence of the hypophosphites in an unimpaired state. The emulsion keeps well even when exposed to wide changes of temperature. Under the circumstances just described the emulsion should prove an excellent food as well as a tonic."

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PANOEPTON is beef and wheat elaborated by an artificial application of the natural digestive principles into a form ready for absorption. It is the very *essence* of the foods from which it is made, the real substance freed only from innutritious and indigestible matter.

Panopepton imparts the substance as well as "the strength" of a true food; it gives new life and fortifies against reaction. Panopepton is compatible with all medicinal treatment; is agreeable in the extreme; spares the patient the effort of digestion; satisfies every need for nutrition. Panopepton is found equal to the occasion in the exigency and the emergency that calls for a reviving, restoring, and sustaining food.

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ANASARCIN relieves valvular heart trouble, by reducing the number of heart beats, giving the heart rest, increasing the force of the systole, causing valves to close more thoroughly, thus preventing regurgitation, relieving

the dyspnea and increasing heart nutrition; cirrhosis of the liver, by equalizing the circulation, dilating the arterioles, thus relieving obstruction in the branches of the hepatic artery and portal radicles, securing better circulation in the liver and more nutrition to the cells and interlobular connective tissue; ascites and anasarca, by causing resorption of the effused serum into the circulation, whence it is easily eliminated with salines; exophthalmic goitre, by its inhibitory power over the cardiac fibers of the pneumogastric, controlling the heart's action indefinitely without detriment, thus preventing enlargement, or restoring to normal if already enlarged, the thyroid arteries and the vessels behind the globes which cause prominence of the eyeballs and enlargement of the thyroid gland, both of which are consecutive to the cardiac disorder; and Bright's disease, by its power to relieve distal engorgements through its wonderful equalizing effect on the circulation, dilating the arterioles and establishing a normal physiological balance between arterial and venous systems. For sample and literature address The Anasarcin Chemical Co., Winchester, Tenn., U. S. A. Messrs. Thos. Christy & Co., London agents.

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WOMEN MOSTLY, but very often men, show the effects of the winter's social, climatic, or business vicissitudes in a train of symptoms clearly indicative of bankrupt vitality. It is sometimes difficult to classify the condition in any of the well-known disease groups, because symptoms of many organs and functions merge into one another and form a complex picture. Impairment of the digestive functions is manifested by loss of appetite, inability to digest food, sometimes gastric pains. Headache, languor, sleeplessness, general exhaustion, constitute the nervous system's methods of voicing its poverty. Loss of flesh and strength and the general state of malnutrition bespeak disturbances of the functions of metabolism regulating the proportion of waste and repair of tissue.

Here is a strong statement, but it is true, every word of it, and is based upon the accumulated experiences of the past twenty years: Gray's Tonic will do more to restore these cases to health than any other tonic or restorative known. Its beneficial effects are noticeable from the start: it engenders appetite, enables the patient to digest and assimilate sufficient nourishment; it favors the restoration of healthful, normal sleep without the use of hypnotics; it gradually but surely brings about normal nutrition, and removes the symptoms of nervous irritability. Gray's Tonic is in the broadest sense tonic, restorative, reconstructive. It is an indispensable aid in the treatment of poverty of tissue, blood, or vitality from whatever cause.

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FOR TAMPONING, Kennedy's Dark Pinus Canadensis is preferred by many.

THE USEFULNESS OF GOOD HYPOPHOSPHITES in pulmonary and strumous affections is generally agreed upon by the profession.

We commend to the notice of our readers the advertisement on advertising page 17 of this number. "Robinson's Hypophosphites" is an elegant and uniformly active preparation; the presence of quinine, strychnine, iron, etc., adding highly to the tonic value.

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NEW ORLEANS POLYCLINIC.—*Eighteenth Annual Session opens November 7, 1904, and closes May 20, 1905.* Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work.

For further information address, New Orleans Polyclinic, Post-office box 797, New Orleans, La.

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## Reviews and Book Notices.

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A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (Neurasthenia), its symptoms, nature, sequences, treatment. By Geo. M. Beard, A. M., M. D., Fellow of the New York Academy of Medicine; the New York Academy of Sciences; Member of the American Neurological Association, etc., etc. Edited, with notes and additions, by A. D. Rockwell, A. M., M. D., Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital; Member of the American Neurological Association; the New York Neurological Society, etc., etc. 8 vo., cloth, 268 pages. Fifth edition, revised and enlarged. Price, \$2.00, E. B. Treat & Co., Publishers, 241 - 243 W. 23rd St., New York, 1903.

As much as we were pleased with the first and subsequent editions of this excellent monograph, this fifth edition is a decided improvement. Among the many additions, we can commend the editor's consideration of the differential diagnosis between neurasthenia and the functional disturbance of the digestive system due to lithemia,—conditions demanding radically diverse methods of treatment. The extra chapter on the Neuron Theory and other recent developments in connection with disease of the nervous system are important.

A TEXT-BOOK OF LEGAL MEDICINE.—By Frank Winthrop Draper, A. M., M. D., Professor of Legal Medicine in Harvard University; Medical Examiner for the County of Suffolk, Massachusetts. Octavo volume of 573 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1905. Cloth, \$4.00 net.

The subject of Legal Medicine is one of great importance, especially to the general practitioner, for it is to him that calls to attend cases which may prove to be medico-legal in character most frequently come. Dr. Draper has written his work both for the general practitioner and for the medical student. He has not only cited illustrative cases from standard treatises on forensic medicine, but these he has supplemented with details from his own exceptionally full experience—an experience gained during his service as Medical Examiner for the City of Boston for the past twenty-six years. During this time his investigations have comprised nearly eight thousand deaths under a suspicion of violence. The author's long teaching career has enabled him to state facts and detail procedures with a clearness rarely met in a work on Legal Medicine. Withal, we think Dr. Draper's book is unusually satisfactory; it is more,—it surpasses our expectations.

THE INFLUENCE OF GROWTH ON CONGENITAL AND ACQUIRED DEFORMITIES.—By A. B. Judson, A. M., M. D., Orthopedic Surgeon to the Out-Patient Department, New York Hospital; Ex-President of the American Orthopedic Association; formerly Surgeon, U. S. N., etc., etc. 8vo., cloth, profusely illustrated, 276 pages. Price, \$2.00, net. Wm. Wood & Co., Publishers, New York, 1905.

In this valuable treatise the author endeavors rather to aid and assist nature, believing, correctly, that prevention and cure are to be found in so managing a case and equipping a patient that natural growth will be the principal factor in recovery. The methods of diagnosis, prevention, and treatment are presented as having proved useful, and as apt to be suggestive and helpful in the practice of Orthopedic Surgery. The entire work is eminently practical, and we can most heartily commend it to all engaged in Orthopedic work.

## *Selections.*

SUGGESTIONS FOR THE TREATMENT OF APPENDICITIS.—Dr. A. J. Ochsner, of Chicago, whose experience with appendicitis is probably larger than that of any other surgeon in this country, read before the Michigan State Medical Society at its annual meeting in Grand Rapids, May 26, 1904, an exceedingly valuable paper on appendicitis, in which he gave an excellent and most suggestive summary of his method of dealing with this increasingly frequent malady. We quote as follows from the *Journal of the Michigan State Medical Society*:—

- “ 1. The mortality in appendicitis results from the extension of infection from the appendix to the peritoneum, or from metastatic infection from the source.
- “ 2. This extension can be prevented by removing the appendix while the infectious material is still confined to this organ.
- “ 3. The distribution or extension of the infection is accomplished by the peristaltic action of the small intestines.
- “ 4. It is also accomplished by operation after the infectious material has extended beyond the appendix and before it has become circumscribed.
- “ 5. Peristalsis of the small intestines can be inhibited by prohibiting the use of every form of nourishment and cathartics by mouth, and by employing gastric lavage in order to remove any food substances or mucus from the stomach.
- “ 6. The patient can be safely nourished during the necessary period of time by means of nutrient enemata. Large enemata should never be given, for they may cause the rupture of an abscess into the peritoneal cavity.
- “ 7. In case neither food nor cathartics are given from the beginning of the attack of acute appendicitis, and gastric lavage is employed, the mortality is reduced to an extremely low percentage.
- “ 8. In cases which have received some form of food and cathartics during the early portion of the attack, and are consequently suffering from a beginning diffuse peritonitis, when they come under treatment, the mortality will still be less than

four per cent., if peristalsis is inhibited by the use of gastric lavage and the absolute prohibition of all forms of nourishment and cathartics by mouth.

" 9. In this manner very dangerous cases of acute appendicitis may be changed into relatively harmless cases of chronic appendicitis.

" 10. In my personal experience no case of acute appendicitis has died in which absolutely no food of any kind and no cathartics were given by mouth from the beginning of the attack.

" 11. The mortality following operations for chronic appendicitis is exceedingly low.

" 12. Were peristalsis inhibited in every case of acute appendicitis by the methods above stated, absolute prohibition of food and cathartics by mouth and the use of gastric lavage, appendectomy during any portion of the attack could be accomplished with much greater ease to the operator and correspondingly greater safety to the patient.

" I would make the following suggestions for the treatment of appendicitis with a view of reducing the mortality:—

" 1. Patients suffering from chronic recurrent appendicitis should be operated on during the interval.

" 2. Patients suffering from acute appendicitis should be operated on as soon as the diagnosis is made, provided they come under treatment while the infectious material is still confined to the appendix, if a competent surgeon is available.

" 3. Aside from insuring a low mortality, this will prevent all serious complications.

" 4. In all cases of acute appendicitis, without regard to the treatment contemplated, the administration of food and cathartics by mouth should be absolutely prohibited, and large enemata should never be given.

" 5. In case of nausea or vomiting or gaseous distension of the abdomen, gastric lavage should be employed.

" 6. In cases coming under treatment after the infection has extended beyond the tissues of the appendix, especially in the presence of beginning diffuse peritonitis, conclusions 4 and 5 should always be employed until the patient's condition makes operative interference safe.

" 7. In case no operation is performed, neither nourishment nor cathartics should be given by mouth until the patient has been free from pain and otherwise normal for at least four days.

" 8. During the beginning of this treatment not even water should be given by mouth, the thirst being quenched by rinsing the mouth with cold water and by the use of small enemata. Later, small sips of very hot water frequently repeated may be given, and still later small sips of cold water. There is danger in giving water too freely, and there is great danger in the use of large enemata.

" 9. All practitioners of medicine and surgery, as well as the general public, should be impressed with the importance of prohibiting the use of cathartics and food by mouth, as well as the use of large enemata, in cases suffering from acute appendicitis.

" 10. It should be constantly borne in mind that even the slightest amount of liquid food of any kind given by mouth may give rise to dangerous peristalsis.

" 11. The most convenient form of rectal feeding consists in the use of one ounce of one of the various concentrated liquid predigested foods on the market dissolved in three ounces of warm normal salt solution introduced slowly through a soft catheter, inserted into the rectum a distance of two to three inches.

" 12. This form of treatment cannot supplant the operative treatment of acute appendicitis, but it can and should be used to reduce the mortality by changing the class of cases in which the mortality is greatest into another class in which the mortality is very small after operation.

" In employing rectal feeding, it is important to follow a definite plan, which an experience with a very large number of cases has demonstrated to give the best results with the least amount of annoyance to the patient.

" It has been found that any one of a number of reliable liquid predigested foods in the market is much better than a mixture of egg and various other foods which are frequently employed. The quantity should be small. Usually an ounce of predigested food, dissolved in three ounces of normal salt solution, is most

readily borne by the patient. It is usually best to give this every four hours, and if the patient is suffering from thirst, an enema of from eight to sixteen ounces of normal salt solution may be given half way between feeding until the thirst has subsided.

"A soft rubber catheter, No. 8, English, should be attached to a funnel or to an ordinary one-ounce glass syringe. It should then be thoroughly lubricated with oil or vaseline, and inserted into the rectum not more than two to three inches. Then the food should be poured into this funnel or syringe, and should be permitted to enter the rectum by its own weight. Many patients who are greatly disturbed if the food is forced into the rectum with a syringe, can be fed by the method just described, with perfect comfort. In case, however, the patient retains the nourishment temporarily, the rectal feeding is interrupted for twelve to twenty-four hours."—*Modern Medicine*.

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CHOICE OF A GENERAL ANESTHETIC; AND SELECTION OF METHOD OF ADMINISTRATION.—V. C. Pedersen succinctly discusses the question of general anesthesia, both in respect to the qualities of the several agents and anesthetic sequences used, and in regard to the method best suited for various types of cases. In the selection of anesthetics for routine use, it is recognized that nitrous oxide is the safest known anesthetic, especially when administered with oxygen. Ethyl chloride promises rivalry in this connection, but its employment is too recent to warrant a fixed statement at the present time. Ether is the next safest, and perhaps when the length and severity of ether operations is compared with that of operations suitable for the preceding two agents, ether is the safest of all. Ether has many advantages over chloroform, and is five times safer. The various mixtures of chloroform and ether, in point of safety, occupy a middle place between the two drugs themselves, the relative danger being greater the higher the percentage of chloroform. The conditions covering the selection of anesthetics for particular patients are discussed under eleven heads so concisely as not to permit of abstract.—*Medical Record, February 11, 1905.*

**PROSTATECTOMY.**—In the weakest and most run-down cases, M. B. Tinker, Ithaca, N. Y. (*Journal A. M. A.*, February 11), has employed permanent suprapubic drainage. This is rapidly performed under eucain, and he thinks it is the safest of all procedures. Except in absolutely desperate cases, he believes prostatectomy under local anesthesia is safe as compared with the operation under general anesthesia. The use of adrenalin with the ordinary local anesthesia greatly prolongs and adds to its efficiency, prevents the pain and congestion following, and renders the operation almost bloodless. The knowledge of the nervous anatomy of the parts is, of course, absolutely essential, and the course of the pudic nerve and the long pudendal nerve close to the base of the tuberosity of the ischium are important. He favors the use of Young's tractor, and recommends allowing sufficient time for the anesthetic to act before making the incision. With sensitive or nervous patients he finds it often better to use a little nitrous oxide gas or primary ether anesthesia, as the infiltrating solution cannot reach the parts involved in the deeper enucleation. These parts, however, are supplied by the hypogastric plexus of the sympathetic and the discomfort is not necessarily great. He reports a case in which he thinks this method of operation was directly life saving.

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**EMPYEMA OF FRONTAL SINUS.**—W. Freudenthal, New York City (*Journal A. M. A.*, February 11), describes the diagnosis, treatment, etc., of chronic frontal sinusitis. He points out that most cases will improve under intra-nasal treatment, and this should be exhausted before resorting to more radical measures. The diagnosis is not always easy. The symptoms may be absent or deceptive; even the best and safest way, that of probing and washing for pus, has its difficulties, and one is likely to get into the fronto-ethmoidal cells or fail to find the canal altogether. The anomalies of the frontal sinus are also to be considered. His conclusions are substantially: (1) Regarding the conservative treatment of these cases, we should endeavor to be as conservative as possible. He refers with approval to the views of Kuttner of Berlin on this point. (2) In operative cases, Killian's method seems to give the best results at present. (3) The first

opening into the frontal sinus must always be below the outlined bridge, and only after exploring the sinus should another above it be made. (4) In the latter case we leave a bony bridge which aids toward improving the cosmetic effect. (5) Closing the external wound immediately after the operation is by far preferable for such cosmetic effect. He reports cases illustrating the operation and its results.

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MEDICAL TREATMENT OF DEEP-SEATED HEMORRHAGE.—F. Hare urges the use of amyl nitrite in hemoptysis. In thirteen attacks of hemoptysis, twelve tuberculous, and one cardiac, the bleeding ceased in all but one in three minutes. The writer thinks that the sudden fall of the blood-pressure permits some coagulation and plugging of the leak, and that this is usually adequate to resist successfully the subsequent rise. The rationale of the treatment is evidently identical with that in which the administration of nitroglycerin is the central feature.—*Inter-state Medical Journal.*

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ON SOME RELATIONS OF MEDICINE AND SURGERY TO JURIS-PRUDENCE.—C. Beck says that the medical profession is a noble one, but that its members are apt to neglect their duties as citizens as far as they are not of a hygienic character, and their indifference to legal points is one of the most conspicuous sins of omission in this direction. The law requires of the physician only that he should exercise reasonable skill and knowledge, but disappointed or litigious patients often demand much more than this, and involve the practitioner in legal contests. The various complications and sequelæ occurring in the course of the treatment of fractures afford a fertile field for the dissatisfied, and the Rontgen ray has furnished a means of diagnosis and observation during the progress of these cases that cannot be disregarded, especially as it is beginning to find a place in the court-room as well. The matter of giving professional testimony in accident cases is extremely important, and requires good judgment to estimate the degree of disability and to detect malingerer. Complicated medico-legal questions also arise when chronic diseases like osteitis, arthritis deformans, or malignant

growths develop after an injury. Great difficulty in recognizing the etiological factor is found in the wide field of the so-called traumatic neuroses, and it is sometimes impossible to determine whether an injury was not simply an exciting cause for the manifestation of a disease which had existed before in a more or less latent stage. The most precise scientific knowledge alone is not sufficient, but must go hand in hand with common sense and self-control.—*Medical Record, Feb. 11. 1905.*

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THE TREATMENT OF NÆVI WITHOUT OPERATION.—A. Frattini describes his method, based on the principle of Monteggia and resuscitated by Piorani. He employs a six-per-cent. solution of corrosive sublimate in flexible collodion, and after shaking the solution, applies it so that it just encroaches upon the healthy skin surrounding the nævus. A current of air is blown over the collodion to accelerate its evaporation and prevent spreading. The application is repeated every third day until the eschar is separated, and the raw surface is then covered with an antiseptic dressing. The author has treated over thirty cases of various forms of nævoid growth by this method with success.—*British Medical Journal.*

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THE DIAGNOSIS OF GASTRIC AND DUODENAL ULCER.—The diagnosis of ulcer of the stomach or duodenum is inferred from various symptoms and signs, none of which, either individually or collectively, afford irrefragable proof of the existence of this lesion. Epigastric tenderness, for instance, is often conspicuous by its absence, presumably owing to the ulcer being situated on the posterior wall, inaccessible to ordinary methods of investigation. According to Dr. Mendel, of Essen, valuable confirmatory evidence may be obtained in doubtful cases by the simple procedure of tapping lightly with a percussion hammer over the epigastrium, with the thighs flexed on the abdomen in order to secure muscular relaxation. In the healthy individual, no painful sensation is produced by the tapping, but in the presence of an ulcer, percussion gives rise to more or less acute suffering, most marked just over the site of the lesion. Even ulcers on the

posterior wall of the stomach may be detected in this way, the vibrations being transmitted through or along the superjacent tissues. It is even possible to outline the diseased area by marking the limits of the painful sensation. Dr. Mendel points out that ordinary percussion may determine disagreeable sensations even in normal subjects, but this is not the case with the light vibrations imparted by the hammer.—*Medical Press and Circular.*

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THE ANÆMIA OF "HOOK-WORM" DISEASE—PATHOLOGY AND TREATMENT.—According to Gould, ankylostomiasis is a "peculiar anemia produced by the parasite *Ankylostoma Duodenale* sucking the blood from the walls of the duodenum." This disease is especially prevalent among "dirt eaters," bricklayers, and miners. The diagnosis is confirmed by finding the parasite or its eggs in the stools. Ankylostomiasis is a specific zoöparasitic disease caused by "hook-worms."

In connection with ankylostomiasis the writer has observed that "ground itch" in children is, almost without an exception, always the forerunner of hook-worm disease, and further, that "ground itch" is found only in children who go barefooted during the summer months. The source of infection is through drinking contaminated surface water, or from eating fruits and food which may have been contaminated, or the disease may be transmitted through "ground itch." "Dirt eaters" are, of course, particularly liable to become infected, while persons handling dirt are apt to get the microscopic worms on their hands after which it is an easy matter to transfer them to the mouth directly with the food. The prevention therefore is pure drinking water careful personal habits and never to go barefooted. A careful examination of my cases reveals the fact that patients who have had "ground itch" later on develop ankylostomiasis.

This type of anemia is accompanied with a variable appetite, nausea, pain in the epigastrium, constipation or diarrhea, hypertrophy or dilatation of the heart, and, in the acute form, dyspnea and dropsy. Children who have suffered from this disease for several years, are stunted in growth and development, it being common to find young people from fifteen to twenty years of age who have the appearance of from eight to twelve years old. To-

gether with the non-development of the individual it will be observed that the growth of the mental faculties is also much retarded. The skin will be found thin, pale, putty-like in appearance and very wrinkled. The mucous membranes are colorless, the body weight is decreased, lower extremities often swollen, and careful observation will reveal puffiness under the eyes, and sometimes perceptible swelling of the face; and in some cases, occasionally a very pronounced dropsy will be present.

Before discussing the treatment of ankylostomiasis, it might be profitable to glance at the pathology of the blood in this particular type of anemia. The color of a drop as it emerges from a puncture varies a great deal. In most cases it is very pale, more so than is occasionally seen in severe cases of chlorosis and secondary anemia, but often the color of the drop, as it emerges from the skin in gross, is not as bright a red as normal blood, even when more than one fifth of the number of the corpuscles are present. The pale color in such cases is probably due to the low hemoglobin percentage present in all of these cases. Most cases show from one to two and a half million red corpuscles below the normal when they first come under observation. A great increase of leucocytes is the rule in all cases; frequently in severe cases more than twenty thousand are found in a cubic millimeter of blood. This is the more striking, because in some of the types of anemia leucocytes are usually greatly diminished in number. In the remission of the disease the leucocytes decrease while the erythrocytes increase and often go above the normal figure.

"Hook-worm" disease produces an anemia varying in intensity with the number of parasites and the duration of the disease. The greater the number of parasites the longer the duration of the disease, the greater the anemia, and vice-versa. The anemia does not simulate a pernicious anemia, but rather a grave secondary anemia, as evinced by the predominance of normoblasts: if, indeed, any nucleated red cells at all be present, microcytes, with slight poikilocytosis. After the thymol treatment the iron seems to be readily absorbed, and by its oxygen-carrying properties produces an immediate gain in the number of red blood cells, with an increase in hemoglobin, and a fall in the leucocytes.

When a case of long duration shows, after specific treatment, no increase in hemoglobin and red cells, the prognosis is grave; it is in contra-distinction good when such rise does appear. In case of short duration a rise in the red cells and the hemoglobin is of good prognostic import.

The medical profession are under obligations to Dr. Stiles for the pioneer work he has done in ankylostomiasis. Before he published his studies on the subject, the disease was regarded as hopelessly incurable, because its etiology was unknown and its pathology unstudied. Now, uncinaria, through the pioneer investigation of Dr. Stiles, has become one of the most easily diagnosed and readily curable affections.

In the treatment of the anemia of ankylostomiasis we have two drugs that will rapidly aid the oxygenation of the blood and tissues, viz.: manganese and iron. Manganese, as an element of the blood, has a more strongly ozonizing action on the oxygen than that displayed by iron, and is therefore more powerfully oxydizing and more actively assimilating. Each of these substances, therefore, in combination medicinally, has its separate and specific effect upon the blood, both being necessary if a prompt hematinic action is expected. Pepto-mangan (Gude) proves clinically to be exceedingly apt in this valuable property of easily absorbing oxygen, which is readily assimilated, thereby increasing the oxygen-carrying power of the circulating fluid, which conveys this life-giving principle to all organs and tissues of the body. Therefore, that preparation of iron which endows the blood with the property of absorbing the greatest amount of oxygen during its passage through the lungs, and allows it to part most easily with this same oxygen when it reaches the ultimate tissues of the body, must prove to be the most valuable therapeutic agent of this element.

As a matter beyond contradiction, manganese, by its oxygen-carrying power in the blood, has an importance which is fully as great in the hematopoietic process as that possessed by iron. Prominent scientists and physiological chemists have so expressed the opinion, and have even asserted that the cause of chlorosis, which often lasts for years, and of other diseases, due to deficiency in the composition of the blood, must be sought for in our lack

of means adapted to return to the blood its manganese under an easily absorbable form.

Another observation which I have made is that "ground itch" and ankylostomiasis go hand in hand, as it were. In almost all of the cases I have seen, a history of "ground itch" precedes the symptoms of *uncinaria Americana*. My clinical experience has conclusively proven that by the administration of thymol and pepto-mangan (Gude), the anemia of hook-worm disease is controlled and results in positive cure.

From a close study of this subject, and a critical review of the literature pertaining thereto, and my own experience, I am of the opinion that this is a very wide-spread disease, and one that as yet is only beginning to be recognized by the profession. Hook-worm disease is among us; it is a grievous burden to its host, and if not recognized and treated properly, it causes mental underlings, physical dwarfs, and ultimate death.—*W. E. Fitch, M. D., of Savannah, Ga., in Southern Medicine and Gaillard's Medical Journal.*

[Dr. Fitch gives a detailed report of over a dozen cases, which yielded readily to the administration of thymol, in two consecutive doses on the empty stomach, followed by pepto-mangan (Gude).—EDITOR SOUTHERN PRACTITIONER.]

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THE DIAGNOSIS OF RENAL AND URETERAL CALCULI.—H. A. Fowler says that the following conditions are necessary for the formation of urinary calculi: (1) The presence in the urine of the inorganic salts—the stone-forming materials; (2) the presence in the urinary tract of a catarrhal or inflammatory condition which furnishes the *organic* material—the framework; (3) changes in the urinary passages which prevent the escape of the nucleus, thus permitting its further growth. Although the severity of the symptoms and the course of the malady vary greatly in different cases, the disease is always one of the utmost gravity and danger to the patient, and the results attending the operation of nephrolithotomy are among the most brilliant in surgery. The author considers a good history as the most important step toward making the diagnosis, and ranks the other measures in order of importance, physical examination, urine

examination, cystoscopy, radiography, ureteral catheterization, and exploratory incision. Unless there are special contra-indications, cystoscopy, with or without catheterization of the ureters, should always be done in these cases, as it often yields the most important information, and is not as trying an ordeal for the patient as is usually supposed.

The cystoscope gives information on the following points: (1) Presence or absence of vesical involvement—calculus, tumor, etc.; (2) difference in two sides of the trigone, suggesting a lesion higher up, either calculus or tuberculous; (3) presence of ureteral calculus at its vesical orifice; (4) in cases of pyuria and hematuria, which kidney, if the disease is unilateral, harbors the foreign body. X-ray examinations are valuable, but require expert interpretation, and negative results are of less value than positive ones.—*Medical Record, Feb. 4, 1905.*

OPTIC NEURITIS AND FACIAL PARALYSIS.—E. A. Shumway, Philadelphia (*Journal A. M. A.*, February 11), reports a case of post-papillitic optic atrophy with a history of prior right-sided facial paralysis, with pain in jaw and with a noticeable flattening of the right side of the face from loss of subcutaneous fat, together with enophthalmus, all on the right side, while the optic atrophy was bilateral, most marked on the left. He finds in the literature only seven similar cases of this association of facial paralysis and optic neuritis, though a number of cases of optic neuritis have been reported in connection with polyneuritis. The atrophy and sinking of the eyeball is evidently rarer, as he has found no reports of a similar case. He has, however, been able to examine a case of Dr. Spiller's with flattening of the face and enophthalmus following rheumatic facial paralysis and implying, he thinks, as in his own case, some involvement of the seventh nerve. There were chloro-anemic and disordered menstrual symptoms in Shumway's case, but he does not attribute to them the optic atrophy. His conclusions are given as follows:—

" 1. Optic neuritis is occasionally associated with facial paralysis, either alone or as part of a multiple neuritis; the etiological factor may be rheumatism, but at times appears to be infection,

the nature of which is as yet undetermined. The optic neuritis is usually of the retrobulbar type, but a decided papillitis may be present, and be followed by more or less marked atrophy. In cases of multiple neuritis of the cranial nerves, the eye grounds should be examined for possible optic nerve complication.

"2. In facial paralysis, flattening of the face and enophthalmus may appear, and are to be considered as due to a neuritis of the fifth nerve, and not to involvement of possible sensory fibers in the facial nerve."

SOME RANDOM OBSERVATIONS ON TUBERCULOSIS.—A. A. Eshner presents a paper intended to emphasize the fact that tuberculosis is a transmissible disease, that it is a preventable disease, and that it is a curable disease. Strictly speaking, tuberculosis is not an inherited disease, and what is transmitted to the offspring is some vice of tissue, some aberration of function, by reason of which a predisposition to tuberculosis is set up. Much is to be done in the safeguarding of children by proper attention to the cattle used as milk producers, and in restricting promiscuous expectoration and other means of spreading the disease. Typhoid fever and tuberculosis are sometimes difficult to differentiate, and they may also be concomitant, each disease sometimes occurring as a complication of the other. There is at times a close similarity between influenza and the symptoms of incipient tuberculosis or of exacerbations of the tuberculous process.

The prime indication in the treatment of a case of tuberculosis is the improvement of the general nutrition by whatever means possible. This will be met by an abundant supply of fresh air, good, assimilable, nutritious food, and a proper amount of exercise and rest. Two other requirements are essential in the management, namely, isolation and disinfection.—*Medical Record, October 29, 1904.*

PALLIATIVE TREATMENT OF URETHRAL CARUNCLE.—Dendle (*West London Med. Jour.*) reports a case of large caruncle which extended for quite half an inch into the urethra. The patient was treated twice weekly by an application of tampons wet with 1-1000 solution of adrenalin chloride, containing five

per cent. cocaine. Within a short time the pain ceased and the growth was much smaller. The occasional use of the application so completely prevents discomfort that the patient declines to consider the question of operation. According to the author's experience it seems almost impossible to eradicate large caruncles extending into the urethra without risk of incontinence. On the other hand, if removal is not complete, recurrence is sure to set in at an early date. The author has had nine cases of urethral caruncle under observation, and considers the result of this palliative treatment most favorable compared with surgical treatment employed in eight of the cases.—*Thera. Gazette.*

## *Prescriptions and Formulary.*

### DROPSY

B. Anasarcin tablets..... No. c  
Sig.: One just before each meal and at bed-time.

B. Elaterini..... gr. j  
Spts. aetheris nitrosi.....  $\frac{3}{4}$  ij

Tr. scillæ.....

Tr. colchici..... aa  $\frac{3}{4}$  ss

Syr. simplicis.....  $\frac{3}{4}$  j

Ms. Sig.: Teaspoonful three or four times a day, for hepatic or cardiac dropsy in sthenic subjects.

### CORNS.

B. Acidi salicylici..... gr. xv

Ext. cannabis indica..... gr. vijss

Alcohol (90%)..... m. xv

Aetheris (60%)..... m. xxxviiss

Collodii flexilis..... m. lxxv

Ms. Sig.: Paint the corn every day for a week, then it can be easily squeezed or pulled out. (Keep in a closely corked vial.—*Vigier.*)

THE BEST RE-CONSTRUCTIVE—  
**Phillips' Phospho-Muriate of Quinine, Comp.**  
(The Soluble Phosphate with Muriate of Quinine, Iron and Strychnine.)  
PERMANENT—Will Not Disappear. PHILLIPS', Only, is Genuine,  
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## THE SOUTHERN PRACTITIONER

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### *Original Communications.*

REMARKS ON CLINICAL EXAMPLES OF CALCULUS  
PYO-NEPHROSIS; CHOLECYSTOSTOMY FOR  
GALL-STONES; AND GANGRENOUS  
APPENDICITIS.

BY WILLIAM D. HAGGARD, M. D., OF NASHVILLE, TENN.

The following records of case histories, and remarks upon the operative technique which led to recovery in these several clinical examples of important pathologic conditions, present many features of interest. They are illustrative of the pathognomonic signs and symptoms which enable us to arrive at a correct diagnosis.

The anamnesis is so typical that it well repays a scrutinizing examination. Physical signs are very important, but in gall-

stones, for instance, the physical examination is practically nil, but the story as developed from the patient is generally conclusive.

It therefore has impressed the author that careful case records form a pleasing and instructive study, and with this idea the appended cases are recorded.

#### CALCULUS PYO-NEPHROSIS.

Mrs. E. B., age 39, married. One child, age 11. Referred to me by Dr. T. J. Slayden, of Clarksville.

Twenty years ago, while running, she fell upon her right side. Hematuria followed immediately and continued for two weeks. She was confined to bed for three months, with considerable pain in the right kidney, high temperature, and loss of flesh. About two years thereafter enlargement in the right renal region was first noticed, which has persisted ever since. At that time it gave rise to almost constant pain and several attacks of hematuria, lasting from three days to one week.

She married in 1886, had a child in '87. Ten years after (March, '97) she had temperature for three weeks followed by bloody urine lasting two days. A tender abdominal enlargement between the ribs and the iliac spine on the right side about the size of the fist, made its appearance. The lumbar prominence had persisted all this while. She was not entirely clear of fever for the two years following, until after the operation. Every two or three months she would discharge a considerable amount of pus in the urine, with subsidence of symptoms. Re-accumulation of pus would be attended with great suffering until it was discharged.

In September, 1898, she had a bloody mucous diarrhea lasting three weeks. The attacks of pyuria with constant pain and temperature, became more frequent, the cycle being completed every two weeks. The abdominal enlargement extended to the left side of the median line, and was as large as a big watermelon. She lost over half her body weight, having originally weighed 210 lbs., and being reduced to less than 100 lbs.

In May, 1899, a large incision was made in the lumbar region down to the kidney, which was of stony hardness. The knife was plunged in, and an enormous quantity of the most reeking pus was evacuated. The opening was enlarged. The cavity was of such dimensions that the exploring finger could not feel anything but emptiness. Finally on one side near the incision a stone the size of a pigeon's egg was detected and extracted. Tube drains were inserted, and the entire incision left open. No urine ever escaped from the opening in the kidney. The temperature fell and she progressed satisfactorily for several weeks, but the temperature remained at 99° and 100°. The greatly distended kidney had diminished over one half. The external aperture, in spite of efforts to keep it open, almost closed. The drainage was greatly impeded and the fever became higher.

On August 11 the opening was enlarged under chloroform, and as the kidney had contracted considerably, another stone of almost identical size and shape as the one extracted could be easily felt, and was removed. Convalescence was unimpeded until the aperture again closed up. On October 18, Dr. Slayden dilated the opening again under chloroform. In December the sinus closed for two weeks. In February, 1901, the sinus spontaneously discharged a pint of pus.

In the following August septic symptoms again manifested themselves. A nephrectomy was contemplated, but the patient declined anything but incision and drainage, which was performed again for the third time, with very pleasing results.

It must be borne in mind that the kidney was water-logged, greatly hypertrophied, and contained this immense abscess cavity, and every time the external sinus closed with retention of pus, evacuation had to be practiced. It is not surprising that it required three incisions to allow a sufficient drainage to effect a cure.

In March and April of 1901, little particles of calcareous deposit passed out daily for two or three weeks. The patient has regained her health and strength, weighs 175 lbs., and is quite well, but a small sinus remains. There is some pus in the urine,

but the patient is so content with her present condition that she will not consider any further treatment, operative or otherwise.

#### CHOLECYSTOSTOMY FOR GALL-STONES.

Woman, aet. 38. Referred to me by Dr. J. H. Snodgrass, of Sparta, Jan. 26, 1904. She was the mother of five children, aet. from 19 to 8. She weighed 180 lbs. She had her first spell of "biliary colic" eleven years ago, and had had over a dozen attacks up to four or five years ago, and then there was an interim of about four years. The attacks returned nearly a year ago. She has had ten or twelve spells since, the last being six weeks before operation.

All of the colics were attended with pain in the back, especially referred to the region under the right shoulder; all were inaugurated with vomiting, and all required morphia in large doses for relief. They usually lasted for two or three days, but in April, 1903, the first spell after the intermission of four years lasted a week, with tenderness under the right costal arch, swelling with fever and jaundice.

Three weeks thereafter she had another sharp attack, which confined her to bed for five or six weeks, during which time she passed three pea-sized gall-stones by the bowel. She passed the first stone ten years ago. In November, 1903, she was in bed a week, and passed a larger stone on the fifth day of the attack. She had had many slight attacks, which she spoke of as "threatening pains," that would wear off. There was no trouble with the stomach except at the time of the spells.

Operation was done Jan. 27, 1904. The straight incision from the tip of the ninth costal cartilage, downward for three and one half inches, was used. The duodenum, stomach, and colon were packed off by a tamponade of gauze.

The gall-bladder was non-adherent, and tightly hugged 100 hazel-nut-sized calculi, which were removed through an opening in the fundus. The viscus was found to be empty, with the finger introduced all the way. The cystic, hepatic, and common ducts were thoroughly palpated through the foramen of Winslow,

and no other stones were present. A rubber-drainage tube, surrounded by gauze and wrapped in rubber tissue, was sewn into the gall-bladder with a purse-string suture of catgut, which included the serous and muscular coats of the incision in the fundus of the gall-bladder, and tied tightly about the drainage tube, making a tight joint so that there would be no bile leakage. The tube was brought out through the upper angle of the wound, which was closed in layers by buried catgut suture. The tube remained a week, during which time bile flowed freely, and was received through a long conduit into a bottle on the floor. Every drop was delivered into the container without soiling the dressings. The sinus closed in three and one-half weeks, and the patient was discharged well at the end of four and one-half weeks.

#### GANGRENOUS APPENDICITIS.

A ruddy, healthy young seaman on the U. S. S. *Cleveland* of the Caribbean Squadron was at his home, Mt. Juliet, Tenn., on a furlough. After a round of dinings he was seized suddenly at night with severe abdominal pain of cramp-like character, with vomiting. Local applications and household remedies failed to relieve him. With the aid of paregoric he obtained some ease by morning.

Dr. A. L. Yearwood saw him with temperature of 101°, pulse 108, and anxious expression the next morning. The pain was still present, though diminished. The abdomen was quite tender all over. The pain, which had been epigastric as well as iliac, by evening was more localized in the right iliac region, where the point of greatest tenderness was found, together with well-marked rigidity of the muscles of that side. With sudden onset of abdominal pain, vomiting, localized tenderness, rigidity, and temperature, Dr. Yearwood made the diagnosis of appendicitis, and advised operation, which was at first declined. The symptoms increasing on the following day, the patient consented to operation that night, and the next morning he was brought to the Infirmary.

He described several attacks of colicky pain while on duty. They were transient, lasting only a few hours. One spell oc-

curred while he was rowing. He applied to the ship's surgeon, but the attacks had not been characteristic enough to enable him to diagnose appendicitis.

Operation was made fifty-four hours after the onset. The appendix was found to be very much swollen and gangrenous. Plugging a large necrotic perforation on its outer and convex aspect near the tip was an enterolith as large as a pea. There was a small quantity of fluid with a fecal odor about the appendix.

The mesappendix with its terminal artery was transfixated with forceps, and a strand of catgut was drawn through and tied. The appendix was clamped near the cecum and cut away. A purse-string suture of linen thread was inserted around the cecum below the clamp, which, when released, allowed the crushed and occluded stump to be inserted into the cecum as the purse-string was tightened. A second or "gas-tension" purse-string suture was introduced into the head of the colon, which was very roomy, to reinforce the first. As this was tied there was included the stump of the mesappendix, which was drawn up over the former site of the appendix. This made an additional protective pad. A cigarette drain of gauze wrapped in gutta-percha tissue was inserted, and brought out through the lower angle of the wound, which was closed by interrupted sutures of silk-worm gut.

In clean, early, or interval cases the McBurney grid-iron or split-muscle incision without cross-grain division of fibers is made and closed in layers by catgut, and the skin approximated by the glovers' lock stitch of horse-hair. This makes the prettiest closure, gives great strength, and allows the patient to be up in ten days. In infected cases, however, the interrupted suture is preferable, on account of the liability of wound infection.

The patient made a tardy but excellent recovery, and is now at work as a midshipman on a man-of-war.

If the operation in this case had been delayed twelve or twenty-four hours, the man would have had an advancing peritonitis and progressive absorption of toxins that would have rendered operation fraught with a much higher mortality (15 to 20 per cent.) If he had been operated on twenty-four hours before,

when he was urged to have it done, he would have incurred less risk and been confined about one half as long.

In delayed cases, on the third, fourth, or fifth day, with perforation of the appendix, and virulent pus, only partially walled off, with high temperature, quick pulse, vomiting, and the distended abdomen of advanced peritonitis, it is bad surgery to operate. The safe time for operation has passed. The operative mortality is from fifteen to twenty-two per cent. in this class of neglected cases. They are better managed at this stage, and with lower mortality, by the Ochsner treatment. The principle is to stop peristalsis, and help nature to segregate the infection into one corner of the abdomen. That is the way nature unaided cures all the bad cases ending in abscess, which can be safely evacuated on the tenth or twelfth day.

The way to stop peristalsis and aid nature is to withhold all food by mouth and all cathartics. Feed the patient by enemas of predigested food, an ounce in three ounces of salt solution, slowly injected into the rectum every three hours. Give little or no water. In the beginning the stomach should be washed out to get rid of the fermenting food that would cause peristalsis, which is the chief agency in disseminating or distributing the pus, in contrast to nature's "splinting the bowels" around the infected area. A little opium would not be objectionable with this idea in view. This treatment should be kept up until the patient becomes normal, should resolution occur without abscess formation.

Within a few days or a week the appendix should be removed. It is like putting the fire out before fixing the defective flue. The appendix is still defective, and will cause another inflammation. By operating at this time instead of in the zenith of the attack, it substitutes a one per cent. mortality rate for a twenty per cent. mortality rate. It is practically an interval operation.

All of this, however, can be obviated by operating upon all cases in the beginning of the attack, say in the first twenty-four or forty-eight hours, or as long as the disease seems to be still confined to the appendix, or even in the beginning of peritonitis from perforation, like the above case, but not in the advanced cases.

Finally, all cases fortunate enough to get over one or more attacks of appendicitis should be operated on in the interval, when the mortality is less than one per cent.

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### OPHTHALMIA NEONATORUM.\*

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BY HILLIARD WOOD, M. D., OF NASHVILLE, TENN.

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**OPHTHALMIA NEONATORUM** has been selected as the subject of this paper, not because there is anything new to communicate upon it, but because, notwithstanding our very accurate knowledge of its etiology, pathology, prophylaxis, and treatment, it continues to be, as in the past, of all diseases that affect human vision, the most prolific source of blindness. I hope by this paper to revive our interest in a disease which is depriving multitudes of their vision, blasting the fond hopes of parents, filling with gloom many homes, causing oftentimes self-reproach on the part of the physician, and filling with pupils our schools for the blind.

In connection with ophthalmia neonatorum there are three facts which stand out with vivid clearness, viz., first, that it is preventable with almost absolute certainty; second, that it is curable with almost equal certainty; and third, that nevertheless it causes more blindness than any other disease. To the medical profession, especially to those doing obstetrical practice, these facts are a reproach — a reproach which cannot be wiped away by belittling the disease, or referring its treatment to some ignorant midwife. There is among the profession generally a disposition to underrate the gravity of this disease, and to carry out with languid interest, or more often to neglect altogether, its prevention and cure. As a result largely of this attitude of the profession we have a form of blindness which is not only the most frequent, but in some respects the most regrettable; for most other causes of blindness operate only in after years, leaving to childhood the aid of vision in its development; but the blindness from

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\* Read before the Southern Kentucky Medical Association at Elkhorn, Ky., November, 1904.

ophthalmia neonatorum extends from the very beginning to the end of life.

Ophthalmia neonatorum is a purulent conjunctivitis of a new-born child. Its common cause is the inoculation into the eyes of the child at the time of birth, of some pathologic discharge from the mother's vagina. This vaginal discharge may be squeezed into the child's eyes during the passage of the head through the parturient canal; or being smeared upon the lids may, after the head is delivered and the eyes open, find its way into the conjunctival sac. In a small per cent. of cases the inoculation takes place as late as four to six days after delivery, and is then due to infection brought from the mother by means of soiled sponges, towels, bowls, or fingers.

The vaginal discharge causing this disease is always a pathologic one, for a normal secretion does not cause the disease. The discharge is either gonorrhreal or leucorrhreal. Thus we have ophthalmia neonatorum divided into two types, or grades of severity; first, that due to gonorrhea, or the gonococcus of Neisser, being the severe form, and closely resembling gonorrhreal ophthalmia in the adult; and secondly, the leucorrhreal, or milder type. The majority of cases of ophthalmia neonatorum are due to gonorrhea in the mother, and it is safe to assume this to be true in every case until microscopic or other evidence has proven the contrary.

A study of the bacteriology of this disease brings out the interesting fact that quite a variety of germs are found to cause it. In all gonorrhreal cases we have the gonococcus of Neisser, and finding these in the discharge establishes the gonorrhreal nature of the disease. In non-gonorrhreal cases the discharge may contain the Koch-Weeks bacillus, the staphylococcus, the streptococcus, the pneumococcus, or the Klebs-Loeffler bacillus. Ball states that in St. Louis a number of cases were found to be due to the bacillus coli communis. I know of no clinical proof of the statements often made by the laity that the disease is caused by bright light, or bathing the eyes with soap. Such theories are harmless and satisfy the laity, but the physician should not be deceived by them.

The period of incubation is about three days, so that the disease usually develops on the third day after birth. Occasionally the development occurs as late as the sixth or seventh day. It is then due to infection occurring some days after birth. In rare cases the child is born with the disease already developed, the infection of the eyes having been ante-partum, and due to the rupture of the membranes some days before labor, or to a very slow labor.

Usually both eyes are involved from the start, but in those rare cases where only one is diseased I have found it impossible to prevent the infection of the other, the use of Buller's shield or other mechanical prophylaxis, so useful in the adult, not being practical in the case of an infant.

The usual symptoms of acute purulent conjunctivitis, such as swelling of the lids, redness of their margins, redness and swelling of the conjunctiva, the profuse purulent discharge, the restlessness, feverishness, and evident suffering of the child, will not be dwelt upon. The one great danger of ophthalmia neonatorum, as of every other purulent conjunctivitis, is ulceration, or sloughing of the cornea, resulting in its partial or complete destruction, with the consequent impairment or total loss of vision. This danger to the cornea is the greater the earlier in the disease the cornea becomes involved, and the lower the vitality of the child.

The diagnosis of ophthalmia neonatorum in a general way is so easy that an error need seldom or never occur. We have a new-born child, with an inflammation of its conjunctiva, and a discharge of pus from its eyes. So far, however, the diagnosis is only half made. The question now arises, "Is it a gonorrhreal or a non-gonorrhreal conjunctivitis with which we have to deal?" The answer to this question is important both as to prognosis and treatment. If it is gonorrhreal, it will be more severe, more dangerous, more prolonged, the prognosis less favorable, and the treatment more heroic. If it is non-gonorrhreal or leucorrhreal, it will be less severe, of shorter duration, and of more favorable prognosis.

In settling the exact nature of the ophthalmia, a knowledge

of the mother's condition, as to whether she has or has not gonorrhea, is important, and in the absence of a microscopic examination is the most reliable evidence we have. To ascertain the condition of the mother, while usually easy, is at times a difficult or delicate matter. The easy, direct, and accurate way to settle this question is by a microscopic examination of the discharge from the child's eyes for the gonococcus of Neisser. Finding this establishes the gonorrhreal nature of the disease, while its absence proves it to be non-gonorrhreal.

The prognosis of this disease depends upon a variety of circumstances. When seen before the cornea becomes involved, and with an environment favorable for intelligent management, the prognosis is good. I formerly believed and taught that with correct treatment every case could be cured, and vision saved entire. But one case seen several years ago, and treated by me in the most conscientious manner, and which resulted in the loss of about half of each cornea, taught me that some cases, even under the most orthodox treatment, will, by virtue of their very virulent nature, result badly. Fortunately, these failures need only be very rare, and the above is the only one which I can recall in my practice. But any involvement of the cornea renders the prognosis grave, and the more so the earlier in the disease the corneal trouble occurs. Low vitality of the child is unfavorable, as under such circumstances the cornea may slough entire. Another condition which bodes evil is a degree of ignorance, apathy, or poverty on the part of the family, which renders effective treatment difficult or impossible.

The most important point about this disease is its prophylaxis. Since it is caused by the vaginal discharge getting into the child's eyes, its prophylaxis consists in either keeping the discharge from getting into the eyes, or, if it has entered, of washing it out, and disinfecting the conjunctival sac with a 2-per-cent solution of nitrate of silver. When a physician is called upon to take charge of a pregnant woman, he should not only ascertain the condition of her general health, kidneys, etc., but among other things should learn whether there is a pathologic vaginal discharge, and if it is present, he should adopt suitable means

of irrigation or medication for its arrest, so when the child is born there may be no discharge to infect its eyes. Especially should this irrigation be energetic during the first stage of labor, and combined, if need be, with the use of the speculum and cotton mops to remove all pus from the vaginal folds.

In all suspected cases, immediately upon the delivery of the child and tying the cord, Crede's prophylactic treatment should be carried out. This consists of washing the child's eyes, and irrigating the conjunctival sac to flush out the pus, and next dropping into each eye a 2-per-cent. solution of nitrate of silver, which by its germicidal property destroys any germ remaining. Crede's prophylaxis is successful with almost absolute certainty. When faithfully carried out, it will seldom fail, even when the mother has a gonorrhreal vaginitis. But while Crede's method is generally understood, and its success generally admitted, yet there seems to be confusion in the minds of some as to when and in what cases it is to be used.

It is now generally used as a routine practice in all lying-in establishments. It should, of course, be used in every case where a morbid vaginal discharge, whether gonorrhreal or leucorrhreal, is known or even believed to be present. And it should be used in every case where there are grave suspicions or doubts. On the other hand, in private practice where the mother's condition is known to be healthy, it may be omitted. But even in these cases the eyes and surrounding skin should be washed, and the conjunctival sac irrigated before the general bath is given.

I would urge upon all those doing obstetrical work the importance of always having a bowl of sterile water and cotton sponges ready before the completion of labor, with the same regularity that they provide a ligature for the cord; that the eyes of every child be immediately cleansed and irrigated; and in addition, in all suspected cases, a few drops of the solution of nitrate of silver be instilled; that this be done by the physician himself; and that under no circumstances should the water in which the child is later given its general bath be allowed to come in contact with its eyes.

When the disease has once developed, its treatment involves

the use of three remedies, viz., cleanliness, cold, and nitrate of silver. By cleanliness I mean hourly irrigations of the conjunctival sac to remove all pus. The fluid used may be sterile water, salt solution, or boric acid solution. The composition of the fluid is of much less importance than the thoroughness with which it is used.

Cold is best applied by having small pieces of soft domestic one inch square. These are plastered over a block of ice contained in a bowl placed near the crib. These little squares of domestic are removed from the ice to the eye, where they remain only one or two minutes, and are then replaced by other squares, being themselves returned to the ice. This cold can be used interruptedly, as each alternate hour, or each alternate two hours. Cold is especially indicated in the earlier stages of the treatment, and its virtue consists in making the child more comfortable, and in lessening the severity and danger of the disease.

The solution of nitrate of silver should consist of six or eight grains to the ounce of water, and should be applied once a day, not by the nurse, but by the physician, who should evert the lids, and, after removing all pus, mop the silver solution upon the tarsal conjunctiva. Dropping solutions of silver into the eyes in the treatment of this disease I regard as pernicious, as it destroys and removes the protecting epithelial covering of the cornea, and so favors its infection and destruction. *Nitrate of silver is the remedy*, and I regard with much less favor the various so-called astringents, as sulphate of zinc, tannic acid, boracic acid, etc., which are in mild cases useless and in severe ones a disappointment. Leeches, blisters, and canthotomy have no place in the treatment of this disease. If corneal ulceration occurs, the pupil should be kept dilated with a weak solution of atropine.

To correctly treat a case of ophthalmia neonatorum, two nurses, one for day and one for night, are needed, and should always be provided. Intelligent and faithful nursing counts for much in this disease, and should be not only insisted upon, but demanded. Nurses and other attendants should be warned of

the contagious nature of the discharge, and instructed in the protection of their own eyes. They should, when cleansing the eyes, wear protecting glasses or goggles, and immediately afterward wash their hands. In lying-in establishments, where ophthalmia neonatorum was formerly so rife, it was not unusual for nurses to contract the infection from the infants. The physician may also contract the disease, and should be on his guard.

Ophthalmia neonatorum causes 33 per cent. of the blindness in the blind asylums of Germany and Austria. In those of Philadelphia, Dr. Harlan found it to be 32 per cent.; while in the Tennessee School for the Blind, among 226 pupils, I found ophthalmia neonatorum to be the cause in 40 cases, or 17.6 per cent. This would seem to speak well for Tennessee, but the predominance of our rural over our urban population is probably the real cause.

Of such importance is this disease that several States have special laws upon it. These laws make it obligatory upon any nurse or midwife to call in a legally qualified physician whenever any infant in her care develops an inflammation of its eyes.

Is it not a reproach to the profession that this disease, which is preventable in the first place and curable in the second, should persist in being the cause of more blindness than any other condition that affects human vision?

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### Abstracts.

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#### THE USE OF GLYCOZONE IN A FEW GYNECOLOGICAL CASES.\*

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BY C. H. POWELL, A. M., M. D., ST. LOUIS, MO.

It is surprising how physicians fall into habits regarding the use of certain agents in their practice, and how loth they are to resort to something new. No doubt this fact exemplifies the maxim: "Be not the first by whom the new is tried, nor yet

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\* Abstracted from *New England Medical Monthly*.

the last to lay the old aside." This saying, were it put into active practice, would interdict the use of any new drug or remedy, as from the very nature of things a leader must be acknowledged, and that leader would himself violate the above maxim.

In the treatment of uterine and ovarian diseases the well-known glycerole of tannin tampon, or the use of glycerine and Goulard's solution, or glycerine with other astringents, has been for years recognized and appreciated by gynecologists over the entire world.

In the clinics, solutions of these agents are ever at hand, and habitually are ensconced into the vaginal canal with very little regard as to the scientific results that will accrue. It has often occurred to the writer that many of the solutions used by gynecologists favored the development of bacilli, and no doubt contributed in no small degree to the lighting up of attacks of pelvic peritonitis so frequently encountered by gynecologists.

Glycerine no doubt is without a peer in successfully treating a long range of diseases that afflict women, as the well-known hygroscopic qualities of the remedy bring about a local blood-letting from the hyperemic structures which, when followed by hot douching, is usually relied upon to reduce many inflammatory complications of the uterus and its adnexa.

Not being satisfied, for the reasons above given, with the usual formulae of glycerine in gynecology, a sample bottle of glycozone which came to my desk several months ago, although not referred to in the treatment of diseases of women, appealed to me. Accordingly, in view of the highly oxygenating properties of the remedy, which I believed would necessarily possess bactericidal properties, I was induced to try glycozone in my gynecological practice; the results were so pronounced, and the beneficial influence of the remedy so decided and permanent, that I have for several months past persistently resorted to glycozone in preference to anything else in my local work. I will outline the following clinical cases as indicating its usefulness in the conditions stated:—

## CASE I.

*Subinvolution Uteri Consequent to Miscarriage.*

Mrs. Ella McL., aged 28, suffered a miscarriage at the end of the fourth month following a severe fall from her carriage. The bleeding was severe until the placenta was entirely removed, when it ceased. Ergot was used regularly to check a tendency to recurrent and continuous hemorrhage, which necessitated the employment of local treatment. Curettage was first employed, the uterus thoroughly washed out with carbolic solution, and then a cotton wool tampon of glycozone pure pushed up to the cervix uteri.

The uterus at the time of the first application measured five and a half inches in depth, subinvolution of the organ being most marked. On the second day, the tampon was removed, and the uterus found to have become reduced in size at least one inch, its depth measuring four and one half inches, very much to my surprise. In the next twenty-four hours following the glycozone tampon there was but little evidence of further reduction, the depth remaining about the same. Twenty-four hours later, however, the uterus showed a decline in depth of a half inch, and this beneficial influence of the glycozone continued unremittingly thereafter until at the end of eight days the uterus measured but two and a half inches, and the cure of the patient was complete.

## CASE II.

*Erosion of the Cervix Resembling Epithelioma.*

This case occurred in a married woman, aged 35, the mother of four children. The ulcer of the cervix had a most suspicious appearance, involving the left half of the neck and passing upward on the cervix proper; it was in size about as large as a ten-cent piece. My first impression was a possible venereal sore, but the lady and her husband were both people above reproach, and this theory could be very readily exploded. I accordingly suspected it might turn out to be an epithelioma. There was no glandular involvement in the inguinal regions or elsewhere,

and I concluded to try glycozone on the tampon for a few days, more to determine whether the ulcer would respond to its use than anything else.

I told the lady to return the following day, and my surprise and satisfaction were great to note the eroded surface reduced fully one half its original size; encouraged by my success with glycozone, I reapplied the agent, and had the lady return in two days; but slight evidence of the cervical denudation was remaining, and upon the lady's next visit to my office I discharged her, entirely cured of the formidable-appearing ulcer.

#### CASE III.

##### *Gonorrhreal Inflammation of the Cervix Uteri, and Extension to the Endometrium.*

This case occurred in a young woman of the sporting fraternity, who at the time of her first visit to me insisted that she had never experienced any evidence of venereal disease previously. An examination with the speculum revealed considerable purulent secretion emanating from the vagina, and the blood-vessels of the adjacent parts greatly congested; the cervix uteri was denuded over its entire circumference adjacent to the os of its epithelium, looked angry, and bled readily during the examination; also, from the uterine canal thick pus was freely emanating. A microscopical examination disclosed large numbers of gonococci.

The vagina was first deluged with a hot bichloride solution one to three thousand; the uterine cavity was also cleansed with the solution, no difficulty being experienced in inserting the uterine douche into the cervical canal, and efficiently irrigating the endometrium. Following this procedure, pure glycozone was injected into the uterus by instillation, and the same remedy freely applied on absorbent cotton to the entire vaginal walls and the cervix uteri, after which a cotton tampon saturated with glycozone was left in position.

The vaginal gonorrhea was quickly dissipated in three treatments, but it required three weeks to effect the cure of the disease that had invaded the endometrium. This was, however, ac-

complished most effectively without the tubes becoming involved, and the patient made a recovery very much unlooked for by me at the time, as the view of Nöggerath of the inability to cure gonorrhea of the endometrium is well known to every physician. This patient was certainly cured, as the microscope failed repeatedly to find gonococci. The good results I attribute entirely to glycozone, as I used no other local means but the bichloride of mercury douches, which certainly assisted in the successful outcome.

#### CASE IV.

##### *Cervical Laceration Following Instrumental Delivery.*

This lady, who was about twenty years of age, whose pelvis was slightly kyphotic, gave me great difficulty in delivering her of a comparatively large child by means of forceps. The waters ruptured prematurely, and the birth was distinctly of the dry type; toward the end the pains became very feeble, and without any reason the patient had a hard convulsion. The os uteri was sufficiently well dilated to apply the forceps, and the child was removed, but the cervix uteri lacerated from side to side. The rent was at once sewed up with catgut sutures, and good union brought about. Subsequently, however, the lady consulted me for a rather profuse leucorrhea, which upon examination I found emanated from the uterus, which was subinvolved, over four inches deep, and no doubt resulted from the cervical rent. Glycozone was at once applied upon a wool tampon, and after about four such applications the disturbance was entirely eradicated.

#### CASE V.

##### *Retroflexion Uteri, with Prolapsus of the Ovary in Douglas's Cul de Sac.*

This patient, who was the mother of a large family of children, slipped one morning while descending the stairs in her home, and being in the family way in the third month of pregnancy, fell upon her nates, promptly aborting. The placenta was readily extracted, but the fundus uteri was found a few days later to be in the posterior cul de sac; an examination with

the finger showed the ovary pulled down, with the fundus in its abnormal position. Readjustment of the prolapsed structures was attended with so much pain that it was deemed inadvisable to accelerate matters. Accordingly pure glycozone was pushed up in the posterior vaginal sac on a tampon, and left in situ over night. The following morning all tenderness had disappeared, and the patient being placed in the genu pectoral position, the displaced organs were readily reduced; a second tampon of the glycozone not only removed whatever tendency to hyperemia resulted, but likewise the tampon supported the structures. No recurrence resulted, and the lady was restored to her previous state of health.

## CASE VI.

*Chronic Endometritis with Profuse Leuchorrhea.*

This case was one of long standing; the lady had been treated by several physicians, not only in connection with a hospital, but on the outside, and curettage had been twice performed, the old trouble invariably recurring. I concluded it would be a good case in which to test the instillation treatment of glycozone, and accordingly used this remedy alone in that manner, together with its local application upon the tampon to the cervix uteri. This lady improved at once, and after the very first application. I had her under my care, and reapplied the remedy for about two weeks all told; she not only recovered absolutely during the time stated, but over three months have now elapsed with not the slightest evidence of any recurrence of her former difficulty.

I could report many other cases of the utility of glycozone in diseases of women, and I use the remedy to the exclusion of others, particularly where glycerine is indicated. It surely will bring about results that cannot be obtained by the use of anything else, and I feel certain that a trial will satisfy the most skeptical of its merits.

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## *Records, Recollections and Reminiscences.*

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### SPECIAL NOTICE.

The Association of Medical Officers of the Army and Navy of the Confederacy will hold its next annual meeting in Louisville, Ky., Wednesday, Thursday, and Friday, June 14, 15, and 16, 1905. The indications already point to a large attendance and a most enjoyable occasion. Let us try to get together once more, Comrades, as many of us as possible.

JNO. S. CAIN, M. D.,  
President.

DEERING J. ROBERTS, M. D.,  
Secretary.

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### RESTORATION OF FLAGS.

To those medical officers of the now broken and scattered battalions this may be of interest:—

As to the recent law in regard to the restoration of Confederate flags, General Lee, in one of his general orders, says:—

"The General Commanding feels that he would be derelict in his duty to his old comrades who have honored him in making him Commander-in-Chief of this great federation, did he not give expression to the feeling of satisfaction that fills the heart of every Confederate Veteran in contemplating the heartiness and unanimity with which the National Legislature passed the bill restoring the Confederate battle flags to the several States, and the readiness with which the measure was approved by the President. This action is but a fresh evidence that there are now in our grand country no sectional lines—no South, no North, East, or West; but that we are all Americans, devoted to one common country.

"The General Commanding takes occasion, in view of this era of good feeling shown by the Congress of the United States and the President, to urge upon all parties, North or South, who have colors in

possession, to return them at once to the State capitals. In such stories these highly-prized relics can be properly cared for; and should all be gathered there at the earliest moment. He in the hope that this wish may be complied with, and that private may manifest as much brotherly feeling as the national au-

the General Commanding is satisfied that the display in the various capitols of these precious heirlooms, which represent the highest , the greatest self-sacrifice, the most persistent courage wit- in modern warfare, will do a great deal to stimulate the patri- of the rising generation. These evidences of bravery on the part ir fathers cannot but add to the pride that our children feel in eroic and daring exploits of their ancestry, and is the surest way ourage and magnify that feeling of love of country and willingness for her sake that should be fostered at all times by the State.

he Commanding General desires that some official acknowledg- should be made to Hon. John Lamb (himself a Confederate ) who introduced the measure in Congress, to the Senate and of Represenatives, who passed it without a dissenting voice, the President, who immediately approved it; and he urges camps here to at once get together and formulate resolutions ex- e of their endorsement."

which we say, Amen! So be it! SELAH!—ED. S. P.

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## Obituary.

### *A. J. Weldon, M. D., of Henry County, Tennessee.*

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Dr. WELDON was born in Marshall County, Tenn., in 1831. came with his parents to Henry County in 1841, and settled the northeastern portion of the county, where he grew up on to manhood. He married Miss Sarah C. Mc Swain in by whom there were born six children. She died in 1864. In 1868 he married Miss Virginia Chenoweth. She is also mother of six children, and is still living. Dr. Weldon died at Paducah, Ky., March 7, 1905, at the age of about 74 years, in the presence of his wife and children, except two sons who in California, and could not be present.

The subject of this memoir was a most remarkable man. of poor parents, with no facilities during his boyhood in

the way of schools or even books, without family prestige or influential friends, he fought his way over and through the army of difficulties and obstructions, and became one of the most profound scholars and distinguished physicians of his day.

In 1856 he attended a course of lectures at the Medical Department of the Louisville University, and began at once the practice of medicine at a place now known as Buchanan, but at that time there was no village at the place, it being distinctly in the country. He did a large general practice from the start. In 1859 he entered the Jefferson Medical College of Philadelphia, where in the spring of 1860 he graduated with high honors. Those were the days, in that institution, of Professors Wood, S. D. Gross, Pancoast, Chas. D. Meigs, Robley Dunglison, and others, the most brilliant men of their generation, whose light shines all along down the pathway of the medical profession of this day.

An incident or two connected with the crucial examination of Weldon prior to his receiving his diploma will not seem amiss in this memoir:—

The professor of chemistry, after exhausting the routine of questions, every one of which was correctly answered by this young disciple, turned on him with a look of severity, and asked, "What is the chemical name for leather?" Promptly came the answer, "The tannate of jollity." "That will do," exclaimed the professor, "no use trying to tangle you."

On the presentation of his diploma, the venerable Professor Gross took Weldon by the hand and said, "Here is a student that we could not balk."

He returned to Henry County, and resumed his general country practice. This was the beginning of the second year of the war of the Rebellion, and Dr. Weldon wanted to go to the front, but the community with one accord urgently petitioned him to remain at home and take care of their families. He yielded to their solicitations, and during those dark days of trouble Dr. Weldon was called far and near, not only as physician and surgeon, but as friend and helper in all manner of afflic-

tion and distress. With both heart and hand he responded to every demand.

His section was a kind of battle ground between the Northern and Southern soldiery, and was also infested with hordes of Guerrillas. Dr. Weldon, by his personal influence and diplomacy, had the good will of all, and was thus enabled to extricate the citizens often from danger and loss. But it was well known to all that his sympathies were distinctly Southern, and he served his country by being a friend indeed to his countrymen.

The doctor accumulated considerable means, and invested largely in Tennessee River lands, owning about 2,000 acres at Paris Landing, to which point he removed in 1867. This place was regarded by him as his home, his family, for educational advantages, residing a part of the time in Nashville, and during more recent years at Paducah, Ky.

With the death of Dr. Weldon there has passed away a typical physician and surgeon of the most pronounced ability, progressive, ethical, generous, scholarly, dignified, and courteous to all alike. The rich and the poor shared his bounteous hospitality and eagerly sought his advice, and listened with marked attention to his words of superior wisdom, and felt the inspiration of his genial sympathy and love for all humanity.

He was a member of the Henry County and Tennessee State Medical Associations, of the West Tennessee Medical and Surgical Association, of the Southwestern Medical Society of Kentucky, the Nashville Academy of Medicine, and of the American Medical Association. He was a Christian, a member of the Methodist Church, but in personal views he was non-sectarian. His creed embraced a deep and abiding faith in God, an adherence to every principle of honor and truth, and a hope in a glorious immortality.

With such men life's closing hour comes peacefully, without fear or dread; and with him it was as quiet as the still twilight of the evening of a summer day.

We buried him with Masonic honors in a beautiful grove on his homestead, near the bank of the majestic Tennessee River.

The enduring monument to his life and character is builded in the loving remembrance of his family and a host of friends, who delighted to do him honor. I. A. McSWAIN, M. D.

*Paris, Tenn., March 16, 1905.*

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## *Editorial.*

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### THE SEVENTY-SECOND ANNUAL SESSION OF THE TENNESSEE STATE MEDICAL ASSOCIATION.

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THE following Announcement and Preliminary Program has been sent out. Every indication points to an unusually large, interesting and most enjoyable meeting, on the dates of April 11, 12 and 13th inst.

THE HOUSE of DELEGATES will hold their meetings in WATKINS HALL, entrance either on Church St. or N. Fourth Ave. (High St.)

THE GENERAL SESSIONS will be held in the old Watkins or Carnegie Library Hall, entrance on Fourth Ave. N. (High St.)

THE HOUSE of DELEGATES will be called to order at 8 A. M., Tuesday, April 11.

THE GENERAL SESSION of the Association will be called to order at 10 A. M., Tuesday, April 11, 1905, by Dr. A. B. Cooke, Chairman of the Committee of Arrangements. Appropriate addresses will be a feature of the opening meeting, to which the general public are most cordially invited.

This, the third meeting of the Association under the new organization, promises to be the most attractive of any that have preceded it in all the remarkably satisfactory and agreeable sessions that have now seen three generations of members.

This meeting being in the Capital City of the State, noted for its warm hospitality, its intellectual refinement, and its high literary attainments on the part of each and all of its citizens

will open under peculiarly auspicious and encouraging circumstances, and from every indication now apparent, those who fail to come will miss a rich treat indeed.

The following Preliminary Program will undoubtedly be greatly and materially added to before the convening of the Association:—

#### PRELIMINARY PROGRAM.

1. President's Annual Address—Paul F. Eve, M. D., of Nashville.  
Special Order for Evening Session of First Day.
2. Food Adulterations in Tennessee—Lucius Brown, A. B., A. M., Chemist, to follow President's Address (Order Com. of Arrangements).
3. Dystocia—D. M. Hall, Memphis.
4. Melancholia—S. T. Rucker, Memphis.
5. Psychic Phenomena, or Hypnotism as it should be in Medicine  
—J. D. Hopper, M. D., Jackson.
6. Diagnosis of Kidney Diseases—Louis Le Roy, M. D., Nashville.
7. Perinephritic Abscess—W. A. Bryan, M. D., Nashville.
8. Treatment of Hypertrophied Tonsils—J. F. Hill, M. D., Memphis.
9. Treatment of Hypertrophied Tonsils—J. T. Herron, M. D., Jackson.
- \*10. Acute Middle Ear Inflammation—N. C. Steele, M. D., Chattanooga.
11. The Association of Serous Meningitis with Mastoid Inflammation  
—E. C. Ellett, M. D., Memphis.
12. Tuberculosis of the Skin—J. M. King, M. D., Nashville.
13. Keratosis Follicularis—G. P. Edwards, M. D., Nashville.
14. Gastro-Intestinal Diseases of Children in Summer—Zeb. L. Shiple, M. D., Cookeville.
15. Amyloid Degeneration: A Warning to the Physician; A Plea to the Surgeon—C. P. McNabb, M. D., Knoxville.
16. The Clinical Significance of Ascites—Raymond Wallace, M. D., Chattanooga.
17. How Shall We Feed and Treat the Baby?—Hermon Hawkins, M. D., Jackson.
- \*18. The More Serious and Unusual Complications of La Grippe or Influenza—E. A. Cobleigh, M. D., Chattanooga.
19. Biliary Concretions in the Common Duct—W. D. Haggard, M. D., Nashville.
20. Bone Surgery—R. A. Barr, M. D., Nashville.

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\* Papers from 10 to 18 inclusive will have precedence in their order on the Second Day.

21. Septicæmia, with Report of a Most Interesting Case—R. J. McFall, M. D., Cumberland City.
22. Circumcision: Its Technique, Anæsthesia, Operation, and After-Treatment—E. A. Timmons, M. D., Columbia.
23. Some Anomalous Cases of Appendicitis—Jno. A. Gaines, M. D., Nashville.
24. Appendicitis: Its Etiology and Pathology, with a Report of Laboratory Findings in Twelve Cases—Walter Lenehan, M. D., Nashville.
25. Amputations of the Thigh—J. B. Murfree, M. D., Murfreesboro.
26. Laryngeal Diphtheria—O. H. Wilson, M. D., Nashville.
27. Osteo-Myelitis—Jere L. Crook, M. D., Jackson.
28. Locomotor Ataxia—G. P. Edwards, M. D., Nashville.
29. Alcoholic Inebriety—I. A. McSwain, M. D., Paris.
30. The Importance of More Perfect Teaching of Physical Diagnosis in Our Medical Schools—Hazle Padgett, M. D., Columbia.
31. Treatment of Diffuse Peritonitis—M. C. Mc Gannon, M. D., Nashville.
32. "Unprofessional or Dishonorable Conduct," to which reference is made in Section 3 of the Medical Practice Act—T. J. Happel, M. D., Trenton. This paper will be made the Special Order for the Evening Session of the Second Day. (Limited to 20 minutes.)

Another most important item, which will doubtless form an interesting feature of the *Evening Session of the Second Day*, held in Watkin's Hall, will be a discussion on the Prophylaxis of Tuberculosis, or "Pulmonary Consumption" to be participated in by prominent and representative members of the medical, legal, and theological professions, and representatives of the commercial and transportation interests, of the municipal and State authorities and the secular press. To the exercises of the evening of the second day the general public, especially the ladies, are most cordially invited.

THE RAILROADS, with their usual liberality, have made a reduced rate of one and one-third fare (plus 25 cents) for the round trip. Please bear in mind that when you purchase your railroad ticket you must ask for a certificate showing that you have purchased a full-fare railroad ticket to Nashville, to attend the Annual Meeting of the Tennessee State Medical Association. Immediately on reaching the Hall, place your certificate and ticket coupon, if accompanying or attached, in the hands of the

Secretary of the Association, that it may be properly and promptly attended to, thus affording you the opportunity of returning to your home any day at one-third the regular fare (plus 25 cents). You pay full fare at starting point, and with due attention to this apparently minor point, you will have no delay or trouble in getting your return ticket prior to, or at the close of the meeting.

Members, on reaching the Hall of meeting, will register at once at a desk, convenient and of easy access at all times, where they will receive their badges.

Members of the House of Delegates, or their Alternates, on arrival, will at once present their credentials to the Secretary so that they may receive the proper badge.

Please do not forget the time and place of meeting, and kindly keep this preliminary announcement accessible and convenient until you reach the Watkins Institute, Cor. Church St. and Sixth Ave. N. (High St.)

DEERING J. ROBERTS, M. D.,  
SECRETARY.

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#### THANATOPSIS: EUTHANASIA FOR SEXAGENARI!!!

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"*Pou de gens savent étre vieux*"—" *Valeat quantum valere potest.*"

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We have given a large amount of space this month to the Valendictory of Dr. Osler, reprinted from the *Journal of the American Medical Association*, it having attracted no little "talkee-talkee" at the fireside, the dining-table, on the street, and everywhere that men—and women too, for that matter—most do congregate for gas, gabble, and gossip, as well as for other purposes. The large number of our readers who receive the Greatest Medical Journal of the World each week from the "windy city by the lakeside," will, we hope, bear with us, in behalf of that still larger number of their less favored contemporaries living on the hills, in the hollows, on the mountain, or on rural plain, who are content with our monthly, mental, medical "menu." These have seen the matter mentioned in the local daily or weekly secular columns, have had it thrown time and again in their teeth, and have been quizzed and questioned time and again as to this New Departure—Oh no; not that by any means, but a return to savage and barbarous—aye, now universally ac-

cepted in all civilized and enlightened sections as inhuman customs that have long been relegated to the shades of the past, even in the benighted regions and nations or tribes, where it once had sway. The Spartans were bad enough, when they destroyed—or rather let us put it more mildly, *tested*—the “weaklings” at their entrance on this mortal stage, this test resulting in getting rid of those who might prove a burden on their more vigorous brothers.

Well, he said he did, and yet, he says—he didn’t! We have read much that has emanated from the fluent pen of Dr. Osler. And shall we say it? Yes, we say it now, and we have said it before, We have never been satisfied with the productions of his pen, nor the utterances of his lips. Everything that we have been able to lay our eyes upon, or that has fallen upon our tympani from Osler has seemed to us--possibly we were not sufficiently erudite; yet, that may be granted as our misfortune, and yet the fact remains—here has been much sound and but little substance.

Having been engaged in the study of the “healing art and science” for more than four decades, and we do not think our many friends are so exceeding kind as to desire our “easy taking off;” and it is not that the “shoe pinches,” for we have had our say long ere he made his last remarkable “play to the galleries,” having oft been asked by students of medicine of late years, we being yet “in the harness” as a teacher of medicine, having worn the yoke longer than Dr. Osler, as to the character of what has been regarded as his best production, and would we advise them to get his work “On Practice”? Our answer has universally been that if they only wanted, or their means would only allow one book on practice, there are many better works—Tyson, Anders, French, and others of contemporaneous issue would afford them far more satisfaction, and yield far better results to them, either as student or practitioner. But, if you want to begin accumulating a medical library, and can purchase more than one book on this branch, oh! yes, get Osler, it may afford you food for thought, for it does not say much—but *words*. Words, nicely arranged, yes indeed, glowing sentences, glittering periods—but only *words*. And yet with all his words, he could never reach the point of a Master of English as did the great and good Thomas Watson, who received his accolade from the glittering blade of his sovereign queen on whose domain the “sun never sets for all,” after the age when Osler would—and wouldn’t (?)—have had him shuffle off his mortal coil. I wonder if Dr. Osler will receive like honor from the son of that mother who attained to such greatness and became greater and greater long after Dr. Osler would have administered to her the anesthetic! It is quite likely that both he and his present sovereign would have to inhale the lethal dose before he can attain the honor as did good Sir Thomas who could paint such pictures of the various phases and forms

of dread disease that they became indelible pictures on the grey matter of his students. The one was sound and rational in his teachings, with original ideas of his own, and well versed in the views of predecessors and contemporaries; Dr. O., so far as we have been able to gather, and we have read him by and large, long and well, hoping to find some germs of original thought, and at last, he has gone and done and done it! Yes, as the milk-maid said to her visitor—"Now, look! you have trod in it."

With glittering generalities, with his somewhat gifted tongue, he has obtained much character and renown from the coinage of other brain cells than his own. He has been playing to the galleries from start to finish, and there was never such a "grand stand" effort as this last suggestion of a return to savagery and barbarism.

Forsooth, he has been a trimmer from his first entrance before the footlights of public opinion, only a follower, and a "camp follower" at that, and never a leader. Born in "No Man's Land," barnacled on the Dominion of Canada, by his much and many-sided speech, all things to all men, foisting himself into the lecture field there, transferred to the University of Pennsylvania—fortunately for but few years, these two fields were relieved when his "gift of gab" brought him to Johns Hopkins in its juvenile days, getting now, and none too soon, like relief by his shift to the halls of Oxford. Yes, we agree with him, in that such a teacher should not stay too long in one place—it is not good for the place!

He makes his bid for popularity to the young men, those coming on, they being by far in the majority, just as the quadregenarii exceed in numbers the sexagenarii, and the men of forty being in greater numbers apparently have achieved more than those who are left to carry on the good fight for two decades more. His teaching is not sound. On the other hand, we may not have achieved as much renown in the few more years that have been allotted to us than he, but we cannot help but believe that more good results will follow if the men at forty and before are taught and impressed with the idea to carefully protect, preserve, and conserve their forces so that the decades that follow, even after sixty and seventy, or still yet, fourscore may be reached, and may find them mentally, if not absolutely as physically strong, and the greatest benefits might accrue from their ripened and well-matured experiences. Oh! indeed, shall we lose the increment of that grandest of schools, so costly oftentimes and yet so incalculably valuable?

Bah! We were never in favor of or an admirer of the "quarter-hoss," and the blue-blooded "kings and queens of the turf" of to-day are not so fit to "race for a man's life or a king's ransom" as in the good old days of yore—those days of "Haynie's Maria," "Gray Eagle," "Henry Perritt," and their contestants on many a hardly contested

field of mile heats, 2 out of 3, or 3 in 5 with full cards; 2, 3, and 4-mile contests of speed and endurance. We are a stayer—never yet a quitter until the flag falls.

He has uttered his valedictory to these shores and this people, with a pitiful bid for the popularity of the young, and a slur on the old, whom the highest teachings of both Christianity and civilization bid us alike with divinely endowed woman, to love, respect, and honor; and we do not believe it would have done this country much harm, or greatly benefited Albion had he said it quite a number of years ago. A native of "No Man's Land," he looks more like an "almond-eyed Celestial" than a thoroughbred Caucasian, and judging from the shape of his head, his general contour of craniological and physiognomical development, even to the hirsute adornment of his upper lip as last observed, if asked from what race or people did he spring, we would be forced to call him a—a—yes, a Touranean. As to Bill's "*sournoun*," though suggestive of Turcism, it is neither Saxon, Norman, nor good Low Dutch, and we will not cast a slur on our Hiberno-Celtic ancestry by pronouncing it "O'Sler." Array him in a kimona with its flowing sleeves and with the industry, energy, and perseverance of a "Jap," and the guilelessness of a "Heathen Chinee" with the "smile that is bland and tricks that are vain," and he could with the avidity and treachery of a Malay most readily and quickly garner in "four aces" if he ever "stood in the game."

We will not attempt "to point a moral or adorn a tale," not being at all deft by "hand or mouth" in the delicacies and intricacies of embroidery or persiflage; nor do we think our criticism is at all in the lines of a preached sermon, we being more given to "general practice," yet we will in taking leave of one who has made a venomous snarl and sneer at a great people—a viper, cold-blooded and vindictive, wounding the bosom that warmed him into vigorous vitality, refer him to the law as laid down by the great Lawgiver in Lev. 19:32, or the inspired exclamation of that grand singer also of Israel in the ninth verse of the seventy-first Psalm.

O thou, who hast obtained so much profit on so little real and inherent, intrinsic, or acquired capital and worth, Vale, Vale, Vale! Vague indefinite, and erratic in your teaching; ever wavering, vacillating, and uncertain in your practice; and most unsatisfactory and platitudinous—in person or by letter, as a consultant, it is thus we "speed the parting guest." He may say that the gun is a "small bore," but it has brought down far bigger game, and has "silenced" greater guns that he will ever be, though peradventure, he may not take his own medicine, and may reach "fourscore" or the century mark in the classical halls he will not adorn or e'er illuminate as has been done by more than one of "three-score and ten."

THE RUTHERFORD COUNTY MEDICAL SOCIETY met at the offices of Drs. Murfree, in Murfreesboro, Wednesday, March 1, 1905.

The essayist, Dr. W. E. Youree, addressed the Society on the subject of "Pneumonia," which was very fully discussed by the members present.

Dr. G. W. Crosthwaite was elected a member of the Board of Censors to take the place of Dr. B. B. Gracy, who has resigned.

The following physicians of the county were present, viz.: Drs. S. H. Woods, E. A. Speer, J. J. Rucker, M. L. Rucker, D. C. Huff, G. W. Crosthwaite, W. E. Youree, S. C. Grigg, W. C. Bilbro, J. B. Murfree, Sr., J. B. Murfree, Jr., E. H. Jones, President; Rufus Pitts, Secretary; also Dr. E. M. Holmes, of Cannon County.

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"SAL HEPATICA" is a scientific combination of sodium and lithium phosphates with the laxative salts of the "Bitter Water." It is very pleasant and most efficient in uric acid troubles, and makes an agreeable effervescent drink when dissolved in water. "Sal Hepatica" is being extensively employed as an eliminant of irritating toxins in the alimentary tract. Unlike most saline laxatives, it is not in the least depressing, but on the contrary is a physiological tonic. "Sal Hepatica" is one of the very few laxatives that are permissible in any form and in all stages of kidney diseases, for it is positively non-irritating, even when exercising a diuretic and depurating action. Samples from Bristol-Myers Co., 277 Greene Ave., Brooklyn, N. Y.

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We call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This house was established fifty years ago, and enjoys a wide-spread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

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AN ELIGIBLE COMBINATION.—A number of years ago Dr. James J. Sullivan (University Medical College), New York City, applied the remark, "An Eligible Combination," to a then new preparation of well-known synergistic remedial agents. It is almost unnecessary to state that the preparation to which he referred is now well and favorably known as Antikamnia and Codeine Tablets, each tablet containing  $\frac{3}{4}$  gr. codeine and  $4\frac{3}{4}$  grs. antikamnia. *A fact which should not be overlooked, is that the codeine used in this tablet is specially prepared and purified, is non-constipating, and does not induce a habit. These are some of the particularly advantageous features of the Antikamnia Chemical Company's codeine, and are well worth bearing in mind.*

In the harassing cough of phthisis, or in the pain of pleuritis, in the painful sensation accompanying bronchitis when the tubes are dry and irritable, as they usually are, the blending of the two drugs composing Antikammia and Codeine Tablets will not be found wanting in action, but will give results that are gratifying to both the patient and the medical attendant. This tablet is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is promptly and lastingly decreased, and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve, and this tablet does the work. In addition it controls the violent spasms accompanying the cough, which are so distressing.

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MESSRS. BATTLE & Co., 2001 Locust Street, St. Louis, Mo., have just issued the fifth of their series of twelve illustrations of the intestinal parasites, and will send them free to physicians on application.

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THE TREATMENT OF EXOPHTHALMIC GOITER WITH THE BLOOD OF THYROIDECTOMIZED GOATS.—In 1894 Lantz treated two exophthalmic goiter patients with milk from thyroidectomized goats. The results were so favorable that the treatment was applied to four other patients, all of whom as a consequence showed marked improvement and gain in weight.

In 1894 Drs. Ballet and Enriquez took the blood of thyroidectomized dogs that had lived long enough to experience the blood changes which loss of the thyroid function is sure to entail, and injected that blood into patients suffering from exophthalmic goiter. The results were so encouraging that other practitioners soon adopted the method, or a modification of it. The *Deutsche Medicinische Wochenschrift*, No. 38, 1899, contained a report of three cases of exophthalmic goiter, in the practice of Dr. Burghart, that improved under the treatment, two of them decidedly. Dr. Burghart did not confine himself to the use of injections, but administered a dried alcoholic extract of the blood.

Later, a Darmstadt chemical house prepared a serum from the blood of thyroidectomized sheep, which, administered to patients who had exophthalmic goiter, produced a good effect; it was given both per os and subcutaneously.

A patient of Schultes (*Munch. Med. Woch.*, No. 20, 1902) in whom the symptoms of exophthalmic goiter had been in evidence for four years, with pronounced psychic disturbance at times, is said to have been completely cured in two months by the use of gradually increasing doses of the serum (from the blood of thyroidectomized sheep).

In 1901 Mobius (*Munch. Med. Woch.*, Jan. 27, 1903) proposed the preparation of a serum from the blood of sheep, from which the thyroid had been removed, to be used in the treatment of exophthalmic goiter. He first injected 1 gram of serum subcutaneously, but subsequently found that better results could be obtained by giving it internally. In his patients, all of whom had been treated for years with various remedies, the circumference of the neck was reduced, the goiter became smaller, and the patients slept better and were less agitated. It is not claimed that a cure can be established by this mode of treatment, but it seems to be sufficient ground to hope for beneficial results.

Messrs. Parke, Davis & Co. have prepared a dried product of the glands of thyroidectomized animals, called "Thyroidectin," which appears to produce the effects observed by Lantz, Mobius, *et al.* In most of the cases in which it was tested the patients experienced much relief from restlessness, tremor, insomnia, and the usual train of nervous symptoms so generally observed. A gradual reduction of the pulse-rate and the size of the gland was also noted.

**ANTITUSSIN**, antispasmodic, sedative (internal antiseptic, 5 per cent. diiodophenyl ointment), is a light yellow ointment containing 85 per cent. lanoline, 10 per cent. vaseline, and 5 per cent. difluorodiphenyl; it is aromatic, and when used, gives off an intense but pleasant odor. It is indicated in whooping-cough, bronchitis, and inflammatory conditions of the throat. Antitussin will be found most serviceable in pertussis, as it not only relieves the severity and lessens the frequency of the spasms, but also shortens the duration of the disease. When used externally, it may even limit the disease to the catarrhal stage. Certain drugs, *e. g.*, mercury and iodine, exert an intense remedial effect when applied directly to the skin, and Antitussin seems to possess the same property. In large quantities needed it is non-poisonous, and no deleterious by-effects have ever been observed. In order to obtain the best possible results, the following mode of application should be employed: The patient's chest, and back, between the shoulder-blades, are to be cleansed with soap and water and rubbed perfectly dry. Then about 4 or 5 drams, about the size of a hazel-nut, of the ointment are rubbed into the parts thus prepared, and the surface covered with a woolen or silk handkerchief. Thisunction ought to be made once a day, preferably at night. Antitussin is supplied in collapsible tubes of 20 and 40 grams.

**SPRING MEDICINE.**—In the spring the organs of elimination do not possess their usual activity on account of having become clogged by the accumulation of poisonous and perverted secretions during the winter months, when the skin neglects its duties and the kidneys are not worked.

The symptoms which arise from this condition are very similar to those of malaria, but as the causes are not alike in the least, the treatment should be entirely different, a fact which is often overlooked.

The tongaline preparations, by arousing the absorptive powers of the various glands which have been clogged and by their stimulating action upon the liver, the bowels, the kidneys, and the pores, cause these organs to perform their proper functions, thus restoring at once the equilibrium of the system.

Where there are indications of any excess of uric acid, tongaline and lithia tablets (tongaline 5 grs., lithium salicylate 1 gr.) will be found much more effective and satisfactory than lithia alone, or lithia waters, which contain but a very small, indefinite, and variable quantity of lithia salt.

If there are any evidences of malaria, tongaline and quinine tablets (tongaline 3½ grs., quinia sulph. 2½ grs.) will promptly and thoroughly correct the trouble and overcome any tendency to periodicity.

In tongaline all the salicylic acid is made from the purest natural oil of wintergreen, the only kind that should be administered internally, as the synthetic product weakens the heart and depresses the entire system.

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AN EDITORIAL CHANGE.—The following letter of March 17, 1905, we give in full, wishing Dr. Mac. all possible success:—

"EDITOR SOUTHERN PRACTITIONER,  
Nashville, Tenn.

"MY DEAR DOCTOR:— I have severed my connection as manager and managing editor of the *International Journal of Surgery* with which I have been associated for the past fourteen years.

"This move was made for the purpose of enabling me to publish an independent *practical* surgical journal under absolute *professional* control, and along such lines as will best serve the interests of the general practitioner.

"I have purchased all rights in the *American Journal of Surgery and Gynecology*, and with the April number this journal, thoroughly modernized and largely increased in circulation, will be issued from New York as the *American Journal of Surgery*.

"In this undertaking I will have the contributory co-operation and support of such well-known surgeons and teachers as Robt. T. Morris, Prof. of Surgery, N. Y. Post-Graduate School; Howard Lilenthal, Visiting Surgeon, Mt. Sinai Hospital, N. Y.; J. P. Tuttle, Prof. Rectal Diseases, N. Y. Polyclinic; Jas. T. McKernan, Prof. Nose and Throat, N. Y. Post-Graduate School; Sam'l G. Gant, Prof. Rectal Diseases, N. Y. Post-Graduate School; Augustin H. Goelet, Prof. Gynecology,

N. Y. Clinical School of Medicine; C. Wendell Phillips, Prof. Diseases of the Ear, N. Y. Post-Graduate School; Ferdinand C. Valentine, New York, who, with others, will assist me in making a practical surgical journal which in point of interest and usefulness will represent all that years of experience backed by ample capital can produce.

"I should be much obligated if you would kindly make mention of the above fact in your valuable journal, and if in any way I can reciprocate I will gladly do so.

"Will you please place the *American Journal of Surgery*, 92 William St. N. Y., on your exchange list, and also send an extra copy to our editor, Dr. Walter M. Brickner, 30 West 92nd St., N. Y.? If I can accommodate you in like manner, it will be a pleasure to do so.

"Very truly yours,

J. MACDONALD, M. D."

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CONSTIPATION.—John Lawson Cameron, M. D., Philadelphia, Pa., writes as follows:—

"The lack of peristalsis which results in torpor of the bowels is no doubt entirely caused by the retention of the feces. The toxic principles of these retained feces paralyze the nervous mechanism to which peristalsis is due.

"Glyco-Thymoline given freely seems to prevent this condition and to excite peristalsis.

"In such cases I prescribe frequently a dessertspoonful four times a day, and this with manipulative processes is all that can be desired.

"A man came to me for treatment complaining of headache, vertigo, and distension of the abdomen, and a hard stool and distress and straining once in two or three days. I gave directions regulating the diet, and directed Glyco-Thymoline to be taken in teaspoonful doses four times daily in plenty of water. It acted as a mild laxative, producing a normal passage every day, and all the symptoms subsided. Now he is using one teaspoonful a day to prevent any return of the condition."

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NO MORE POULTICING IN THE U. S. ARMY.—In a recent notification by the Surgeon-General of the U. S. Army, it is asserted that all the good results from poultices can be obtained in a more cleanly way by the use of wet hot compresses. Hence the order to the army surgeons to drop linseed and linseed meal from army medical requisitions.—*Virginia Medical Semi-Monthly*.

We highly approve of this order as far as discarding poultices made of putrescible and bacteria-breeding materials is concerned, for that is what has been done by all up-to-date physicians in private practice, but we can hardly recommend the substitute offered. We supposed that

every one in this enlightened age was using Antiphlogistine in all such cases, because of its advantages over everything else in permanency, efficiency, and cleanliness. Compare Antiphlogistine, renewed but once a day, with hot compresses renewed every twenty minutes, and we cannot imagine any one using compresses when Antiphlogistine is available.

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NEW ORLEANS POLYCLINIC.—*Eighteenth Annual Session opens November 7, 1904, and closes May 20, 1905.* Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work.

For further information, address New Orleans Polyclinic, Post-office Box 797, New Orleans, La.

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FOR SALE.—Nice residence in convenient, elegant part of the city of Austin, Tex., for \$2,500 cash; good practice, and office in business part of city thrown in; wish to retire from practice; great bargain. Address Dr. Q. C. Smith, 617 Colorado St., Austin, Texas.

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## Reviews and Book Notices.

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INTERNATIONAL CLINICS.—A quarterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, ophthalmology, otology, rhinology, laryngology, hygiene, and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Vol. IV. Fourteenth Series. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia, Pa., U. S. A., with the collaboration of William Osler, M. D., Baltimore; John H. Musser, M. D., Philadelphia; James Stewart, M. D., Montreal; John B. Murphy, M. D., Chicago; A. McPhedran, M. D., Toronto; Thomas M. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; J. W. Ballantyne, M. D., Edinburg; John J. Walsh, M. D., New York; John Harold, M. D., London; Edmund Landolt, M. D., Paris; Richard Kretz, M. D., Vienna; with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Liepsic, and Brussels. Octavo, 314 pages. Illustrated Cloth, price \$2.00. J. B. Lippincott Co., Publishers. Philadelphia, 1905.

"The International Clinics" contains something of interest to every physician, being the most practical, economical, and best

illustrated work of its kind ever offered the profession. The editorial staff includes medical authorities of the widest reputation, with duties that are actual and not honorary, and is one of the strongest associated with any medico-literary enterprise.

The cream of practical medicine and the most recent opinions thereon, as illustrated by the bedside teachings of the best clinicians of both continents, is shown through the medium of concise lectures by the ablest teachers of the leading medical colleges. A post-graduate course is thus furnished at the smallest cost and the minimum expenditure of time, practically bringing the clinics to your desk instead of your traveling to the clinics. Practical articles, short and crisp, upon subjects with which the physician has to deal in his every-day work, treating the common diseases, and embracing the latest views as to diagnosis and treatment, are given in large number. The illustrating is done by trained medical artists, whose regular services have been engaged, and who are under the immediate control and direction of the editor-in-chief. The most experienced authors and teachers throughout the world are regular contributors, and they are men actively engaged in professional work, many of whom enjoy an international reputation.

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**PROGRESSIVE MEDICINE**, Vol. I, March, 1905. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M. D., Professor of Therapeutics and *Materia Medica* in the Jefferson Medical College of Philadelphia. Octavo, 208 pages, 10 engravings and a full-page plate. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

This volume treats of a variety of subjects — Surgery of the Head and Neck, the Thorax, Acute Infectious Diseases, and Diseases of certain of the Organs of Special Sense — on the plan which has from its inception been the characteristic feature of the series. What these features are it is perhaps hardly necessary to specify in detail, after so long a period of satisfactory trial. They are essentially the product and the evolution of the conditions which govern the progress of modern medicine itself.

Each subject is followed closely from year to year by some specialist who is chosen not only for his practical eminence, but also for his skill in literary exposition, a talent which is as rare as it is essential to the success of the undertaking. Not only the contents, but the make-up of these volumes, in print, paper, and binding, fit them to be a permanent part of every library.

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**SAUNDERS' QUESTION COMPENDS: ESSENTIALS OF THE PRACTICE OF MEDICINE.** Prepared especially for students of medicine. By WILLIAM R. WILLIAMS, M. D., formerly Instructor in Medicine and Lecturer in Hygiene, Cornell University; Tutor in Therapeutics, Columbia University (College of Physicians and Surgeons), New York. 12mo of 461 pages. Philadelphia and London: W. B. Saunders & Company, 1905. Double number. Cloth, \$1.75 net.

In this new volume in Saunders' Question-Compend Series the student is provided with a book of the utmost practical value. Throughout the work special stress has been laid on the more common aspects of the various diseases, emphasizing the contrasting points in similar conditions, so as to render differential diagnosis as easy as possible. Symptomatology and treatment have likewise been adequately, although concisely, considered. In fact, this little work is the best we have seen, and for students preparing for examination it will be a most welcome and trusty aid. It contains a vast amount of practical, essential information in the least possible space.

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**THE INTERNATIONAL MEDICAL ANNUAL, 1905.** A Resume of the Year's Medical Literature, by Thirty-Six Department Editors, with Added Articles by Noted Specialists. 23rd year of publication. Substantially bound in cloth and fully illustrated by plates in color and black and white. 8vo, about 600 pages, post or express paid, \$3.00 net. E. B. Treat & Co., Publishers, 241-243 West 23rd Street, New York.

This issue bears evidence of continued progress in editorial equipment and other improvements, notably the increased size of page from a 12mo to an octavo. This will make the book more convenient to handle, and afford better opportunity for the display of illustrations, and all within the compass of a single handy volume.

Its dictionary make-up, supplemented by a full index, makes it the most complete and satisfactory year book published. The busy practitioner is enabled to keep in touch with the most recent advances in knowledge and practice respecting any subject in medicine or surgery.

Its editors are among the leading specialists of the medical world, selected for their fitness for the task assigned them, and at an increasing yearly outlay of expenditure.

The abundant references for further investigation have been an important feature of the work, and are continued in the enlarged form; and happily all without increased cost to the subscriber, for this year at least.

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**SAUNDERS' AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1905.**

A Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. GOULD, A. M., M. D. In two volumes.—Volume I, including *General Medicine*; Volume II, *General Surgery*. Two octavos of about 700 pages each, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1905. Per volume: Cloth, \$3.00 net; half morocco, \$3.75 net.

The 1905 issue of Saunders' "American Year-Book of Medicine and Surgery" fully maintains the pre-eminent position which it long ago established. Dr. Gould, the editor, has associated with him a staff of men of the greatest ability, shown in the conscientious thoroughness with which each article is prepared. Here the practitioner has placed before him, and at a very moderate price, the cream of all the medical literature published during the past year, and in such a form that it is readily digestible. As a compendium of medical and surgical progress, it will prove invaluable; for the practitioner anxious to keep abreast of the advances in the subjects treated, it will be of the utmost assistance. The text, as usual, contains a number of illustrations of practical value; there are also nine insert plates of much excellence.

**STUDIES IN THE PSYCHOLOGY OF SEX—SEXUAL SELECTION IN MAN.**

I. Touch. II. Smell. III. Hearing. IV. Vision. By HAVELOCK ELLIS. 6 $\frac{3}{8}$  x 8 $\frac{1}{8}$  inches, pages xii - 270, extra cloth, \$2.00, net. Sold only by subscription to Physicians, Lawyers, and Scientists. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

In this number of Ellis's remarkable productions, we find that influences of the various senses of touch, smell, hearing, and vision manifest themselves in sexual selection. He has gone into the subject very thoroughly in each instance, the number of authors cited and examples given are large.

These studies in the "Psychology of Sex" will be completed in possibly five volumes, although each one is complete in itself, and will be sold separately. The many, wide, and varied peculiarities investigated, the range of the investigation, and the philosophical deductions, make this volume of unusual interest.

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**CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS.** A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. BETTON MASSEY, M. D., Attending Surgeon to the American Oncologic Hospital, Philadelphia; Fellow and Ex-President of the American Electro-Therapeutic Association; Member of the Societe Francaise d'Electro-Therapie, American Medical Association, etc. Fourth edition, revised, rewritten, and greatly enlarged. Illustrated with twelve original, full-page chromo-lithographic plates; twelve full-page half-tone plates of photographs taken from nature, and 157 half-tone and photo-engravings in the text. Pages xvi - 468, royal octavo, extra cloth, beveled edges. Price, \$4.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

The progress and advancement of electro-therapeutics since the last edition of Dr. Massey's very excellent and truly conservative work, about seven years ago, have been quite remarkable, and the appearance of this new, greatly enlarged, revised, and in many places entirely re-written edition, we know will be hailed with pleasure by the many readers of the former editions.

The four entirely new chapters on the electro-chemical destruction and sterilization of cancer, and the complete, thorough, yet brief dissertation on Röntgen rays, are alone sufficient to justify the purchase of the work by those who have been relying on its predecessors as a stand-by.

The great point of Dr. Massey's treatise is that it has saved  
large number of women from needless surgical mutilation, that  
in many instances utterly failed to bring relief. The women  
of to-day, and those now entering on the stage of womanhood,  
will be under a lasting debt for the successful conservatism  
of the teachings herein found.

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EAR, NOSE, AND THROAT NURSING. By A. EDWARD DAVIS, A. M.,  
M.D., Professor of Diseases of the Eye in the New York Post-  
graduate Medical School and Hospital, and BRAMAN DOUGLASS, M. D.,  
Professor of Diseases of the Nose and Throat in the New York  
Post-Graduate Medical School and Hospital. With 32 illustrations, pages  
xvi - 318, size 5½ x 7½ inches, extra cloth, price, \$1.25 net. F. A. Davis  
Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This is a most excellent guide in the intelligent care and  
nursing in the various diseases of the eye, ear, nose, and throat,  
to instruct the nurse in the exact duties during and following  
operations on these organs. In many instances the remedy of the  
physician and the results of the surgeon's handicraft sadly come  
short by reason of neglect of some apparently trivial detail  
of over-cautiousness on the part of those having care of the  
patient.

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PRACTICAL PEDIATRICS. A Manual of the Medical and Surgical Diseases  
of Infancy and Childhood. By DR. E. GRAETZER, Editor of the *Centralblatt für Kinderheilkunde* and the *Excerpta Medica*. Authorized  
translation, with numerous additions and notes, by HERMAN B. SHEFFIELD, M. D., Instructor in Diseases of Children, and Attending Pediatrician (O.P.D.) New York Post-Graduate Medical School and Hospital; Visiting Pediatrician to the Metropolitan Hospital and Dispensary, etc. Pages xii - 544, crown octavo, flexible cloth, round corners, price,  
\$1.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street,  
Philadelphia.

This is a miniature encyclopedia of the medical and surgical  
diseases of infancy and childhood. It is eminently practical and  
contains a vast amount of information in so small a compass;  
however, it is by no means so abbreviated as to prevent a full  
understanding of the subjects considered.

The translator has added sections on intubation, Lorenz's operation for congenital hip dislocation, achondroplasia, home modification of milk, gonorrhœal ophthalmia, broncho-pneumonia, tenia tonsurans, hydrotherapy; massage and electricity, climatology, palatable prescribing, antitoxins, several new remedies, etc., his additions being indicated by brackets. The beautiful mechanical execution of the work is a most suitable setting for so valuable a gem added to medical literature.

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**Post-MORTEM PATHOLOGY.** A Manual of Post-Mortem Examinations and the Interpretations to be Drawn Therefrom. A Practical Treatise for Students and Practitioners. By HENRY W. CATELL, A. M., M. D., American Editor and Translator of Ziegler's Special Pathology; Pathologist to the West Philadelphia Hospital for Women; Senior Coroner's Physician of Philadelphia; etc., etc. Second revised and enlarged edition, 8vo, cloth, pp. 551. Copiously illustrated with colored plates and figures. J. B. Lippincott Co., Publishers, Philadelphia and London, 1905.

This is by far the most complete and thorough work of its kind we have yet had the pleasure of examining; but although it will not be in demand by a very large proportion of the medical profession, for those who do find need for a work of its kind, it will prove most valuable.

It is greatly to be regretted that the value and importance of post-mortem study is not given by the populace at large that due consideration it should have; and it is so often true, even in obscure and doubtful cases, that the investigation has not been made that would have been of incalculable benefit to some one then living. The thorough details, so practically pointed out by Dr. Cattell, his minute and definite description of the methods, are only surpassed by the value of the interpretation of the various findings and interpretations.

It is indeed a splendid work, and a monument to the skill and deftness of its author.

The numerous illustrations in black and colors add no little to its intrinsic value.

## *Selections.*

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### VALEDICTORY ADDRESS AT JOHNS HOPKINS UNIVERSITY.\*

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WILLIAM OSLER, M. D., BALTIMORE.

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As THIS is the last public function at which I shall appear a member of the university, I very gladly embrace the opportunity which it offers to express the mingled feelings of gratitude and sorrow which are naturally in my mind — gratitude to you for sixteen years of exceptionally happy life; sorrow that I now belong to you no more. Neither stricken deeply in years nor damaged seriously by illness, you may well wonder at the motives that have induced me to give up a position of such influence and importance; to part from colleagues so congenial, from associates and students so devoted, and to leave a country which I have so many warm friends and in which I have been appreciated at so much more than my real worth.

It is best that you should stay in the wonder-stage. Who understand another man's motives? Does he always understand his own? This much I may say in explanation — not in mitigation. After years of hard work, at the very time when a man's energies begin to flag, and when he feels the need of more leisure, the conditions and surroundings that have made him what he is and that have molded his character and abilities into something useful in the community,—these very circumstances are an ever-increasing demand upon them, and when the call from the East comes, which in one form or another is heard by all of us, and which grows louder as we grow older, the call may come like the summons to Elijah, and not alone the plowing of the day, but the work of a life, friends, relatives, even father and mother, are left to take up new work in a new field. Or,

happier far yet, if the call comes, as it did to Puran Das in Kipling's story, not to new labors, but to a life "private, unactive, calm, contemplative."

There are several problems of university life suggested by my departure. It may be asked, in the first place, whether metabolism is sufficiently active in the professoriate body; is there change enough? May not the loss of a professor bring stimulating benefits to a university? We have not here lost very many — this is not a university, Mr. President, that men care to leave — but in looking over its history I do not see that the departure of any one has proved a serious blow.

It is strange of how slight value is the unit in a great system. A man may have built up a department and have gained a certain following, local or general, nay, more, he may have had a special value for his mental and moral qualities, and his fission may leave a scar, even an aching scar, but it is not to be for long. Those of us accustomed to the process know that the organism as a whole feels it about as much as a big polyzoon when a colony breaks off, or a hive of bees after a swarm — 't is not indeed always a calamity; oftentimes it is a relief.

Of course, on a few the sense of personal loss falls heavily; the faculty of getting attached to those with whom we work is strongly developed in most of us, and some will realize the bitterness of the lines: —

"Alas! that all we loved of him should be  
But for our grief as if it had not been."

But to the professor himself these partings belong to the life he has chosen. Like the hero in one of Matthew Arnold's poems, he knows that his heart was not framed to be "long loved." Change is the very marrow of his existence — a new set of students every year, a new set of assistants, a new set of associates every few years to replace those called off to other fields! in any active department there is no constancy, no stability in the human surroundings. And in this there is an element of sadness. A man comes into one's life for a few years, and you become attached to him, interested in his work and in his welfare, and perhaps you grow to love him as a son,

and then off he goes!—it must be as bad as having a daughter married, leaving you with a bruised heart. After teaching for forty years, and coming into very intimate contact with my assistants, my heart is all cicatrices, covered with one big "milky patch." (The medical students will appreciate the allusion.)

The question may be asked whether as professors we do not stay too long in one place. It passes my persimmon to tell how some good men—even lovable and righteous men in other respects—have the hardihood to stay in the same position for twenty-five years. To a man of active mind too long attachment to one college is apt to breed self-satisfaction, to narrow his outlook, to foster a local spirit, and to promote senility. Much of the phenomenal success of this institution has been due to the concentration of a group of light-horse intellectuals, without local ties, whose operations were not restricted, and whose allegiance to a creed was not always national, yet who were willing to serve faithfully in whatever field of action they were placed.

And this should be the attitude of a vigilant professoriate.

St. Paul preferred an evangelist without attachments, as more free for the work, so in the general interests of higher education a university president should cherish a proper nomadic spirit in the members of his faculties, even though it be on occasions a seeming detriment. A well-organized college trust could arrange a rotation of teachers which would be most stimulating along the line. We are apt to grow stale and thin mentally if kept too long in the same pasture. Transferred to fresh fields, amid new surroundings and other colleagues, a man gets a liltip which may last for several years.

Interchange of teachers, national and international, will prove most helpful. How bracing the Turnbull lecturers have been, for example! It would be an excellent work for the University Association, which met here recently, to arrange this interchange of instructors. Even to swap college presidents now and then might be good for the exchequer. We have an excellent illustration of the value of the plan in the transfer this year of Professor Keutgen from Jena to give the lectures here on history. An international university clearing house might be organized

to facilitate the work. How delightful it would be to have a return of the mediæval practice, when the professor roamed Europe at his sweet will, or to the halcyon era of the old Greek teachers, of which Empedocles sings:—

“What days were those, Parmenides!  
When we were young, when we could number friends  
In all the Italian cities like ourselves,  
When with elated hearts we joined our train,  
Ye sun-born virgins on the road to truth.”

It is more particularly on the younger men that I would urge the advantages of an early devotion to a peripatetic philosophy of life. Just so soon as you have your second teeth think of a change; get away from the nurse, cut the apron strings of your old teachers, seek new ties in a fresh environment, if possible, where you can have a certain measure of freedom and independence. Only do not wait for a fully equipped billet almost as good as that of your master. A small one, poorly appointed, with many students and few opportunities for research, may be just what is needed to bring out the genius — latent and perhaps unrecognized — that will enable you to do well in an unfavorable position what another could not do at all, not even in the most hopeful surroundings.

There are two appalling diseases which only a feline restlessness of mind and body may head off in young men in the academic career. There is a remarkable bodily condition, known as infantilism, in which adolescence does not come at the appointed time, or is deferred until the twentieth year or later, and is then incomplete, so that the childish mind and the childish form and features remain. The mental counterpart is even more common among us. Intellectual infantilism is a well-recognized disease, and just as imperfect nutrition may cause failure of the marvelous changes which accompany puberty in the body, so the mind too long fed on the same diet in one place may be rendered rickety, or even infantile. Worse than this may happen.

A rare, but still more extraordinary bodily state is that of progeria, in which, as though touched with the wand of some

ign fairy, the child does not remain infantile, but skips adolescence, maturity, and manhood, and passes at once to senility, "aging at eleven or twelve years like a miniature Tithonus, 'starred and wasted,' wrinkled and stunted, a little old man among his toys. It takes great care on the part of any one to give a mental life corresponding to the ages or phases through which his body passes. How few minds reach puberty, how few come to adolescence, how fewer attain maturity! It is really tragic—this widespread prevalence of mental infantilism, due to careless habits of intellectual feeding.

Progeria is an awful malady in a college. Few faculties escape without an instance or two, and there are certain diets which cause it just as surely as there are waters in some of the less valleys that will produce cretinism. I have known an entire faculty attacked. The progeric himself is a nice enough fellow to look at or to play with, but he is sterile, with the mental horizon narrowed, and quite incapable of assimilating new thoughts of his day and generation.

As in the case of many other diseases, it is more readily prevented than cured, and, taken early, change of air and diet may do much to antagonize a tendency, inherited or acquired. Early stages may be relieved by a prolonged stay at the university baths of Berlin or Leipzic, or if at the proper time a young man is transferred from an American or Anglican to a German or Teutonic diet. Through no fault of the man, but of the system, due to the unfortunate idea on the part of the denominations that in each one of the States they should have their own educational institutions, collegiate infantilism is far too prevalent, against which the freer air and better diet of the fully equipped universities is proving a rapid, as it is the rational antidote.

Nor would I limit this desire for a change to the teachers. The student of the technical school should begin his *wanderjahre* early, not postponing them until he has taken his M. D. or Ph.D. Residence of four years in the one school is apt to breed prejudice and to promote mental astigmatism which the after years may never be able to correct. One great difficulty is the lack

of harmony in the curricula of the schools, but this time will correct, and, once initiated and encouraged, the better students will take a year or even two years in schools other than those at which they intend to graduate.

I am going to be very bold and touch on another question of some delicacy, but of infinite importance in university life, and one that has not been settled in this country. I refer to a fixed period for the teacher, either of time of service or of age. Except in some proprietary schools, I do not know of any institutions in which there is a time limit of, say twenty years' service, as in some of the London hospitals, or in which a man is engaged for a term of years. Usually the appointment is *out vitam out culpam*, as the old phrase reads. It is a very serious matter in our young universities to have all of the professors growing old at the same time. In some places only an epidemic, a time limit, or an age limit, can save the situation.

I have two fixed ideas well known to my friends, harmless obsessions with which I sometimes bore them, but which have a direct bearing on this important problem. The first is the comparative uselessness of men above forty years of age. This may seem shocking, and yet read aright the world's history bears out the statement. Take the sum of human achievement in action, in science, in art, in literature — subtract the work of the men above forty, and, while we should miss great treasures, even priceless treasures, we would practically be where we are to-day. It is difficult to name a great and far-reaching conquest of the mind which has not been given to the world by a man on whose back the sun was still shining. The effective, moving, vitalizing work of the world is done between the ages of twenty-five and forty years — these fifteen golden years of plenty, the anabolic or constructive period, in which there is always a balance in the mental bank and the credit is still good.

In the science and art of medicine there has not been an advance of the first rank which has not been initiated by young or comparatively young men. Vesalius, Harvey, Hunter, Bichat, Laennec, Virchow, Lister, Koch — the green years were yet on their heads when their epoch-making studies were made. To

ify an old saying, a man is sane morally at thirty, rich men at forty, wise spirituality at fifty — or never. The young should be encouraged and afforded every possible chance now what is in them. If there is one thing more than another upon which the professors of the university are to be consulted, it is this very sympathy and fellowship with their associates, upon whom really in many departments, in certainly, has fallen the brunt of the work. And herein the chief value of the teacher who has passed his climacteric is no longer a productive factor; he can play the man mid-as Socrates did to Thesetetus, and determine whether the thoughts which the young men are bringing to the light are idols or true and noble births.

My second fixed idea is the uselessness of men above 60 years age, and the incalculable benefit it would be in commercial, political, and professional life if, as a matter of course, men stopped work at this age. Donne tells us in his "Biathanatos" that by the laws of certain wise states sexagenarii were precipitated from a bridge, and in Rome men of that age were not admitted to the suffrage, and were called *depontani*; because the way the senate was *per pontem* and they from age were not permitted to come hither. In that charming novel, the "Fixed Period," Anthony Trollope discusses the practical advantages in the life of a return to this ancient usage, and the plot hinges on the admirable scheme of a college into which at 60 men retire for a year of contemplation before a peaceful departure by reform. That incalculable benefits might follow such a scheme is apparent to any one who, like myself, is nearing the age and who has made a careful study of the calamities which befall men during the seventh and eighth decades!

Still more when he contemplates the many evils which they perpetuate unconsciously and with impunity! As it can be maintained that all the great advances have come from men under 40, the history of the world shows that a very large proportion of the evils may be traced to the sexagenarians — nearly all the mistakes politically and socially, all of the worst poems, all of the bad pictures, a majority of the bad novels, and not a

few of the bad sermons and speeches. It is not to be denied that occasionally there is a sexagenarian whose mind, as Cicero remarks, stands out of reach of the body's decay. Such a one has learned the secret of Hermippus, that ancient Roman, who, feeling that the silver cord was loosening, cut himself clear from all companions of his own age, and betook himself to the company of young men, mingling with their games and studies, and so lived to the age of 153, *puerorum halitu refocillatus et educatus*. And there is truth in the story, since it is only those who live with the young who maintain a fresh outlook on the new problems of the world.

The teacher's life should have three periods — study until 25, investigation until 40, profession until 60, at which age I would have him retired on a double allowance. Whether Anthony Trollope's suggestion of a college and chloroform should be carried out or not, I have become a little dubious, as my own time is getting so short.

Such an occasion as the present affords an opportunity to say a few words on the work which Johns Hopkins has done and may do for medicine. The hospital was organized at a most favorable period, when the profession had at last awakened to its responsibilities, the leading universities had begun to take medical education seriously, and to the public at large had come a glimmering sense of the importance of the scientific investigation of disease and the advantages of well-trained doctors in a community. It would have been a very easy matter to have made colossal mistakes with these great foundations. There are instances in which larger bequests have been sterile from the start; but in the history of educational institutions it would be hard to name one more prolific than the Johns Hopkins University, and it has not been simply a seed farm, but a veritable nursery from which the whole country has been furnished with cuttings, grafts, slips, seedlings, etc.

It would be superfluous in this audience to refer to the great work the trustees and Mr. Gilman did in 25 years — their praise is in all the colleges. But I must pay tribute to the wise men who planned the hospital, who refused to establish an institution

the old lines — a great city charity for the sick poor — but give it vital organic connection with the university. I do not know who was directly responsible for the provision in Mr. Hopkins' will that the hospital should form part of the medical school, and that it should be an institution for the study as well as for the cure of disease.

Perhaps the founder himself may be credited with the idea, but I have always felt that Francis T. King was largely responsible, as he had strong and sensible convictions on the subject, and devoted the last years of his useful life in putting them into execution. As first president of the hospital board he naturally much to shape the policy of the institution, and it is a pleasure to recall the zeal and sympathy with which he always was ready to co-operate.

It is sad that in so few years all of the members of the original board have passed away, the last, Mr. Corner — faithful and interested to the end — only a few weeks ago. They did a great work for this city, and their names should be held in everlasting remembrance. Judge Dobbin and James Carey Thomas in particular, the members of the staff in the early days, remembered with gratitude for their untiring devotion to the medical school side of the problems which confronted us. To John S. Billings, so long the skilled adviser of the board, we all turned for advice and counsel, and his influence was deeper and longer than was always apparent. For the admirable plan of preliminary medical study, and for the shaping of the scientific work before the hospital was opened for patients, we are indebted to Newell Martin, Dr. Remsen, and Dr. Welch. The present excellent plan of study leading up to medicine, in which the classics, science, and literature are fully represented, is the outcome of their labors.

About this time sixteen years ago Mr. King, Dr. Billings, Welch, and myself had many conferences with reference to the opening of the hospital. I had been appointed on January 1, but had not yet left Philadelphia. As so often happens, the last steps in a great organization are the most troublesome, and after some delay the whole matter was intrusted to Mr. Gilman, who

became acting director; in a few months everything was ready, and in May the hospital was opened.

I look back with peculiar pleasure to my association with Mr. Gilman. It was both an education and a revelation. I had never before been brought into close contact with a man who loved difficulties just for the pleasure of making them disappear. But I am not going to speak of those happy days, lest it should forestall the story I have written of the inner history of the first period of the hospital. I promise you it is most interesting, full of nice details of which the newspapers know nothing. For example, the loves of the surgeons, the trials of the director, Dr. Hurd, the troubles of the nurses are there set down. I have arranged for its publication in time for the centennial of the hospital, in May, 1989, and from those of you who may then read it I bespeak a kindly consideration and criticism.

At the date of the organization of the hospital the two great problems before the profession of this country were, how to give to medical students a proper education; in other words, how to give them the culture, the science, and the art commensurate with the dignity of a learned profession; and, secondly, how to make this great and rich country become a contributor to the science of medicine.

The conditions under which the medical school opened in 1893 were unique in the history of American medicine. It would have been an easy matter, following the lead of the better schools, to have an entrance examination which guaranteed that a man had an ordinary education, but Miss Garrett's splendid gift enabled us to say, "No; we do not want a large number of half-educated students; we prefer a select group, trained in the sciences preliminary to medicine, and in the languages which will be most useful for a modern physician." It was an experiment, and we did not expect more than 25 or 30 students each year for eight or ten years at least. As is so often the case, the country was better prepared to meet our conditions than we thought, and the number of admissions to the school has risen until we have about reached our capacity. Our example in demanding the preliminary arts and science course for admission to the

ool has been followed by Harvard, and is to be adopted at Columbia. It is not a necessary measure in all the schools, but there has been everywhere a very salutary increase in the stringency of the entrance examinations.

Before we took up the work, great reforms in the scientific training in medicine had already begun in this country. Everywhere laboratory work had replaced to some extent the lecture, practical courses in physiology, pathology, and pharmacology been organized. We must not forget, however, that to New-Martin, the first professor of physiology in this university, due the introduction in this country of practical classes in anatomy and physiology. The rapid growth of the school necessitated the erection of a separate building for physiology, pharmacology, and physiologic chemistry, and in these departments and in anatomy the equipment is as complete as is required. Of the needs in pathology, hygiene, and experimental pathology this is not the occasion to speak. It is sufficient to say that for instruction in the sciences, on which the practice of the profession is based, the school is in first-class condition.

The rapidity with which the scientific instruction in our medical schools has been brought to a high level is one of the most remarkable educational features of the past 20 years. Even small, unendowed colleges admirable courses are given in bacteriology and pathology, and sometimes in the more difficult subject of practical physiology. But the demand and the necessity for these special courses has taxed to the utmost the resources of the private schools. The expense of the new method of teaching is so great that the entire class fees are absorbed by the laboratories. The consequence is that the old proprietary colleges are no longer a profitable venture, certainly not in the North, and fortunately the schools are being forced into closer affiliation with the universities, as it is not an easy matter to get proper endowments for private corporations.

The great difficulty is in the third part of the education of the student, viz., his art. In the old days, when a lad was apprenticed to a general practitioner he had good opportunities to pick up the essentials of a rough-and-ready art, and the system

produced many self-reliant, resourceful men. Then with the multiplication of the medical schools and increasing rivalry between them came the two-year course, which for half a century lay like a blight on the medical profession, retarding its progress, filling its ranks with half-educated men, and pandering directly to all sorts of quackery, humbuggery, and fraud among the public. The awakening came about 30 years ago, and now there is scarcely a school in the country which has not a four-year course, and all are trying to get clear of the old shackles and to teach rational medicine in a rational way.

But there are extraordinary difficulties in teaching the medical student his art. It is not hard, for example, to teach him all about the disease pneumonia, how it prevails in the winter and spring, how fatal it always has been, how frightened of it New York and Chicago have become, all about the germ, all about the change which the disease causes in the lungs and in the heart — he may become learned, deeply learned, on the subject of pneumonia; but put him beside a case, and he may not know which lung is involved, as he does not know how to find out, and, if he did find out, he might be in doubt whether to put an ice-bag or a poultice on the affected side, whether to bleed or to give opium, whether to give a dose of medicine every hour or none at all, and he may not have the faintest notion whether the signs look serious or favorable.

So also with other aspects of the art of the general practitioner. A student may know all about the bones of the wrist — in fact, he may carry a set in his pocket — and know every facet and knob and nodule on them, he may have dissected a score of arms, and yet when he is called to see Mrs. Joties, who has fallen on the ice and broken her wrist, he may not know a Colles' from a Pott's fracture, and as for setting it *secundum artem*, he may not have the faintest notion, never having seen a case.

Or he may be called to preside at one of those awful domestic tragedies — the sudden emergency, some terrible accident of birth or of childhood — that require skill, technical skill, courage, the courage of full knowledge, and if he has not been in the obstetrical wards, if he has not been trained practically, if he has

had the opportunities that are the rights of every medical student, he may fail at the critical moment, a life, two lives, may be lost, sacrificed to ignorance, often to helpless, involuntary ignorance.

By far the greatest work of the Johns Hopkins Hospital has been the demonstration to the profession of the United States to the public of this country of how medical students should be instructed in their art. I place it first because it was the most needed lesson; I place it first because it has done the most good in stimulating example, and I place it first because never before in the history of this country have medical students lived and worked in a hospital as part of its machinery, as an essential part of the work of the wards.

In saying this, heaven forbid that I should obliquely disparage the good and faithful work of my colleagues elsewhere. In the amphitheater clinic, the ward and dispensary classes, are but bastard substitutes for a system which makes the medical student himself help in the work of the hospital as part of its human machinery. He does not see the pneumonia case in the amphitheater from the benches, but he follows it day by day, hour by hour; and he has his time so arranged that he can follow what he sees and studies similar cases, and the disease itself becomes his chief teacher, and he learns its phases and variations depicted in the living, and he knows under skilled direction when to act and when to refrain from action, he learns insensibly principles of practice, and he possibly escapes a nickle-in-the-dime attitude of mind, which has been the curse of the profession in the treatment of disease.

And the same with the other branches of the art; he gets a first-hand knowledge which, if he has any sense, may make him a real unto the salvation of his fellows. And all this has come about through the wise provision that the hospital was to be part of the medical school, and it has become for the senior students, what it should be, their college. Moreover, they are not in it on conference and admitted through side doors, but they are welcomed as important aids without which the work could not be done efficiently.

The whole question of the practical education of the medical student is one in which the public is vitally interested. Sane, intelligent physicians and surgeons with culture, science, and art are worth much in a community, and they are worth paying for in rich endowments of our medical schools and hospitals. Personally, there is nothing in my life in which I take greater pride than in my connection with the organization of the medical clinic of the Johns Hopkins Hospital and with the introduction of the old-fashioned methods of practical instruction. I desire no other epitaph — no hurry about it, I may say — than the statement that I taught medical students in the wards, as I regard this as by far the most useful and important work I have been called on to do.

The second great problem is a much more difficult one, surrounded as it is with obstacles inextricably connected with the growth and expansion of a comparatively new country. For years the United States had been the largest borrower in the scientific market of the world, and more particularly in the science relating to medicine. To get the best that the world offered, our young men had to go abroad; only here and there was a laboratory of physiology or pathology, and then equipped, as a rule, for teaching. The change in so years has been remarkable. There is scarcely to-day a department of scientific medicine which is not represented in our larger cities by men who are working as investigators, and American scientific medicine is taking its rightful place in the world's work.

Nothing shows this more plainly than the establishment within a few years of journals devoted to scientific subjects; and the active participation of this school as a leader is well illustrated by the important publications which have been started by its members. The hospital trustees early appreciated the value of these scientific publications, and the bulletin and the reports have done much to spread the reputation of the hospital as a medical center throughout the world.

But let us understand clearly that only a beginning has been made. For one worker in pathology — a man, I mean, who is devoting his life to the study of the causes of disease — there are

at least in Germany, and for one in this country there are a dozen laboratories of the first class in any one of the more important sciences cognate to medicine. It is not alone that the money is lacking; the men are not always at hand. When the right man is available he quickly puts American science into the forefront.

Let me give you an illustration: Anatomy is a fundamental branch in medicine. There is no school, even amid sylvan glades, without its dissecting-room, but it has been a great difficulty to get the highest anatomy represented in American universities. Twenty of men have always been available to teach the subject to medical students, but when it came to questions of morphology and embryology and the really scientific study of the innumerable problems connected with them, it was only here and there and not in a thorough manner, that the subjects were approached. And the young men had to go abroad to see a completely equipped modern-working anatomic institute.

There is to-day connected with this university a school of anatomy, of which any land might be proud, and the work of Dr. Hall demonstrates what can be done when the man fits his environment.

It is a hopeful sign to see special schools established for the study of disease, such as the Rockefeller Institute in New York, and the McCormick Institute in Chicago, and the Phipps Institute in Philadelphia. They will give a great impetus in the higher classes of work in which the country has heretofore been so weak. But it makes one green with envy to see how much our German brethren are able to do.

Take, for example, the saddest chapter in the history of disease — insanity, probably the greatest curse of civilized life. Much has been done in the United States for the care of the insane, much in places for the study of the disease, and I may say that the good work which has been inaugurated in this line at the Beppard Hospital is attracting attention everywhere. But what a pagatelle it seems in comparison with the modern development of the subject in Germany, with its great psychopathic clinics connected with each university, where early and doubtful cases are skilfully studied and skilfully treated. The new department

for insanity connected with the University of Munich has cost nearly half a million dollars. One of the four new departments for which one side of the hospital grounds lies vacant, and which I trust will be built within the next 25 years, will be a model psychopathic clinic to which the acute and curable cases may be sent.

For how much to be thankful have those of us who have to share in the work initiated by these two great foundational! We have been blessed with two remarkable presidents, whose active sympathies have been a stimulus in every department, and whose good sense has minimized the loss of energy through friction between the various parts of the machine—a loss from which colleagues are very prone to suffer. A noteworthy feature is that in so motley a collection from all parts of the country the men should have fitted into each other's lives so smoothly and peacefully, so that the good-fellowship and harmony in the faculties has been delightful. We have been singularly blessed in our relationship with the citizens, who have not only learned to appreciate the enormous benefits which these great trusts confer on the city and the State, but they have come forward in a noble way to make possible a new era in the life of the university.

We of the medical faculty have to feel very grateful to the profession, through whose influence and support much of the success of the hospital and the medical school is due; not only the physicians of the city and of the State, who have dealt so truly with us, but the profession of the entire country, and more particularly to that of the Southern States, whose confidence we have enjoyed in such a practical way. On a maintenance of this confidence the future rests. The character of the work of the past 16 years is the best guarantee of its permanence.

What has been accomplished is only an earnest of what shall be done in the future. On our heels a fresh perfection must tread, born of us, fated to excel us. We have but served and have but seen a beginning. Personally, I feel deeply grateful to have been permitted to join in this noble work and to have been united in it with men of high yet human ideals.—*Jour. of A. M. A., March 4, 1905.*

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NASHVILLE, MAY, 1905.

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## Original Communications.

TENNESSEE STATE MEDICAL ASSOCIATION.

SEVENTY-SECOND ANNUAL SESSION HELD AT NASHVILLE, APRIL 11,  
12, AND 13, 1905.

*Abstract of Proceedings Prepared by Wm. Whitford, of  
Chicago, Official Stenographer.*

THE Association met at Watkins Hall, under the presidency  
of Dr. Paul F. Eve, of Nashville.

Prayer was offered by Rev. W. M. Anderson. Addresses of  
welcome were delivered on behalf of the city by Mayor A. S.  
Williams, and on behalf of the medical profession of Nashville  
by Dr. Geo. H. Price, the response to which was made by Dr.  
I. Berlin, of Chattanooga.

## MELANCHOLIA.

Dr. S. T. Rucker, of Memphis, read a paper on this subject. He defined the disease, and then referred to the etiology, symptoms, varieties, pathology, diagnosis, prognosis, and treatment. Heredity was encountered in about 50 per cent. of the cases. Ill health, mental strain, worry over financial affairs, domestic troubles, and disappointment in love were also factors largely responsible for most cases of melancholia. Auto-infection undoubtedly played a considerable rôle in some cases. Pregnancy, especially in primiparæ, was an aggravating cause, and generally began about the third or fourth month. The puerperal state did not so often produce melancholia as pregnancy and lactation. Severe forms of agitated melancholia were occasionally associated with chronic alcoholism. The sobering up after a prolonged spree or debauch would precipitate an acute attack of melancholia, not infrequently ending in suicide.

The onset of melancholia was almost always gradual. At first it might be only a feeling, which took no definite shape, and there might be no delusions. Every thought and everything in the environment had a sorrowful color. When questioned, the patient would simply say he felt depressed or he had the blues. The morbid feeling constituted the disorder. The symptoms varied from a simple state of dejection to a state of profound depression, in which the patient was either paralyzed by the dreadful nature of his concepts, or was thrown into a state of agitated suffering, associated with marked precordial distress and peculiar pains in the back or top of the head.

The author mentioned three varieties of melancholia, the acute, subacute, and chronic. There was no known pathological anatomy for melancholia. It was considered a functional disease of the brain. Melancholia could hardly be mistaken for acute mania, as in melancholia there was a slowing of the thought process; while in acute mania there was an accelerated flow of ideas, and the maniac was unusually cheerful and talka-

tive. The prognosis in melancholia was very favorable. Fully 90 per cent. recovered.

Thorough investigation, speedy separation from relatives and friends, and an early commitment to an institution for treatment, should be the rule in this class of patients.

Dr. M. Campbell, of Knoxville, said that melancholia agitata and simple melancholia were symptoms of but one and the same disease. Melancholia itself was not, strictly speaking, a mental disease, but a symptom of a pathological state that underlay the symptom of depression that was most prominent, whether an organic or a functional disease, but most generally it was functional. A large percentage of the cases of melancholia that were sent to hospitals for the insane did not recover. He did not think half of them got well. As to the treatment, he suggested a change of scene, getting away from the conditions that produced the disease, building up the patient physically, giving hypnotics to produce sleep, warm baths, etc.

Dr. W. J. Breeding, of Taylors, related the history of a woman, 42 years of age, mother of eight children. In the family history there was insanity in an aunt. He was called to see her in a former pregnancy, when she was very hysterical and was troubled with nausea and vomiting. He saw her in the sixth week of pregnancy, when she was in a very depressed condition. He made a diagnosis of hysteria. The woman recalled her experience in a former pregnancy, and said she could not live through this one, believing she would have a repetition of nausea and vomiting. There was no pathological condition, so far as could be determined. She had numerous delusions up to the seventh month of pregnancy, when a miscarriage occurred, the fetus being badly deformed. It was thought she would now get well, but in a couple of weeks she lapsed into a condition of melancholia, eked out a miserable existence for two or three months, and then committed suicide by hanging.

Dr. C. P. McNabb, of Knoxville, mentioned two cases, in either of which would the family consent to sending the patient to a hospital. One patient had three attacks of melancholia,

with three partial recoveries. The other was now in her third attack.

Dr. A. F. Paschall, of Crossland, thought that in the case of young men, advertising literature played an important rôle in the cause of melancholia.

Dr. S. S. Crockett, of Nashville, said there was a popular impression that there was an insanity that developed in puerperal women that differed from other forms of the disease. There never was a greater mistake. Pregnancy and lactation should be regarded as one factor that might produce insanity in a woman who was otherwise predisposed to it.

Dr. Louis LeRoy, of Nashville, agreed with Dr. Crockett that there was no special type of insanity peculiar to the pregnant woman. The condition had been recognized as an etiological factor, possibly as the exciting cause of the disease to such an extent that, even though incorrect from the standpoint of pathology, clinically the term "puerperal insanity" was recognized both professionally and by the laity. The probability was that the causes were few in number: First, the shock to the nervous system resulting from the profound changes occurring in pregnancy might bring on an attack which was impending, or accentuate the nervous disturbance, otherwise held under control. On the other hand, many cases were the result of auto-intoxication.

Dr. Rucker, in closing, said that melancholia recurred in some instances; but when the patients were carefully treated, recurrence would seldom take place.

#### DIAGNOSIS OF KIDNEY DISEASES.

Dr. Louis LeRoy, of Nashville, read a paper with this title, and, among other things, said that in renal diseases possibly more than in some other classes of ailments accurate discrimination in diagnosis was important with reference to the prognosis as well as treatment. It was a matter of some interest to a patient as to just what his life expectancy was, and how long a period he might expect to devote to settling estates or ar-

ing business matters. The physician should exercise care in his diagnosis, as a failure to distinguish between parenchymatous or interstitial nephritis, or to at once make a snap diagnosis of nephritis from a trace of albumin without further investigation of general clinical conditions and the exclusion of some other lesion microscopically, or a repeated examination, in the absence of casts, microscopically, to determine if the cyclic or functional albuminuria, might render him with the justice a subject of ridicule, for which years of careful conscientious work could scarcely atone. While malformations of the kidneys were of great rarity, their importance in clinical cases should cause the possibility to be constantly borne in mind. The absence of one kidney or fusion of both into one kidney should be considered, and the presence of an organ on both sides determined, if possible, while debating the admissibility of therapeutic measures. It was not always possible, and frequently it was difficult, to determine the presence of the kidney when in normal position, either by percussion or palpation, especially in patients with thick abdominal walls or large, well-developed abdominal muscles. In such cases the presence of the organ might be determined by the X-rays, or both ureteral orifices might be determined by a cystoscopic examination, in which case the presence of two kidneys might be considered as assured, the possibility of a single kidney having two pelvis and ureters being so extremely slight as to be negligible. In case of movable kidney, however, it was usually possible to recognize the condition by palpation, sometimes assisted by percussion, and one might sometimes be surprised to find no clinical symptoms associated. With some cases, the kidney readily returned to its normal position, where it remained for some time, and it might be necessary to make several examinations at different times before finding it when displaced.

In appendicitis the location of the point of tenderness, the usually high temperature, absence of blood in the urine, tension of the muscles of the abdomen and flank, and the increase of polymorphonuclear leucocytes in the blood should direct attention

tion from the kidney, especially if the mass could be palpated. Movable kidney in all its bearings was considered at length. Neuralgias were usually found in patients of a more or less neurotic temperament, and would not be found to be associated with hematuria. Ovarian inflammation might be puzzling, but one would usually be able to elicit some exciting cause, and local tenderness should be easily recognized by vaginal examination. Hematuria was absent, and some endometritis was frequently associated. Diaphragmatic pleurisy would usually be influenced somewhat by respiration, even though the diaphragm be held rigid. There would be absence of abdominal breathing, and cough was usually present. The respirations were usually shallow and hurried, and early in the attack auscultation would frequently elicit the friction sounds.

The essayist described the points of differentiation of kidney diseases from gastric ulcer, ataxia, chronic valvular diseases of the heart, and then referred at length to acute parenchymatous nephritis and acute interstitial nephritis. Pyelonephritis was usually secondary to some other infection below, but especially in typhoid or tubercular infections might originate through the blood.

#### PERINEPHRITIC ABSCESS.

Dr. W. A. Bryan, of Nashville, discussed this subject, and the differentiation of this form of abscess from other abdominal conditions. He reported the following case: Mr. F., locomotive fireman, aged 28, had no evidence of disease since childhood. In August, 1904, he got a superficial burn on his left olecranon, which became infected, but healed kindly. After a few days an abscess developed near the burn. This was opened and healed. A few weeks later three or four other abscesses formed around the site of the original abscess, were opened or ruptured, and healed. In October he began to have pains in the lumbar region on the right side, and soon afterward quit work and took to his bed. Pain in the right side was described as a "catch," and in his back there was constant aching. He became distinctly septic. Liver dulness was elevated one inch in the right

nipple line; right side one and one-half inches larger than the left. Enlargement of the right loin was very perceptible, and fluctuation was present; pus on aspiration, and urine normal. December 15, 1904, the speaker operated, removing 24 ounces of pus. Patient improved, but had pain again from the beginning after the operation in his left side. It was aspirated, pus was found, and two weeks from the first operation a second one was performed, removing eight ounces of pus from the left side, after which patient made an uninterrupted recovery, and had since gained forty pounds. The pus gave a pure culture of *Staphylococcus aureus*. There was no connection between the two abscesses. He learned from the patient at the second operation that another surgeon had aspirated both sides and found pus before he saw patient.

#### TREATMENT OF HYPERTROPHIED TONSILS.

Dr. J. F. Hill, of Memphis, entered his protest against the promiscuous and wholesale excision of children's tonsils. There were three kinds of diseased tonsils: (1) A tonsil which was constantly swollen, red, and easily irritated; this tonsil was of a specific scrofulous or tubercular nature, and the only logical method of dealing with it was by excision. (2) A tonsil which was diseased in the interior, which formed occasionally into an acute abscess. (3) A tonsil with ulcers on the surface, which might be either indolent or active, and were easily managed by 2 per cent. solution of nitrate of silver.

As to treatment, tonsil No. 1 was treated by complete excision. Tonsil No. 2, which was diseased internally, had openings leading from the surface to the interior, and at the bottom of these openings there was a quantity of fungous tissue, with the formation of acute abscesses. The openings to the tonsils, as the crater was to the volcano, allowed the escape of diseased mucus from the interior of the tonsil. When these openings were closed from cold or otherwise, the mucous was retained and decomposition set up; hence an abscess. Tonsil No. 3, which had ulcers on the surface, could be relieved with 2

per cent. solution of nitrate of silver, but tonsil No. 2 gave considerably more trouble. His method of treating tonsils of this character was to pass a small curette through these openings into the bottom of the tonsil, and remove all the diseased or granular tissue, then carry a ten per cent. solution of nitrate of silver into the tonsil. This should be repeated in from three to six days, and continued until the tonsils were cured, which usually required six treatments. By this method the tonsils were cured and left to perform their natural functions. He laid down two general rules: (1) Cure all tonsils which can be cured, and leave them intact. (2) Excise all tonsils which can not be cured.

#### TREATMENT OF HYPERSTROPHIED TONSILS.

Dr. J. T. Herron, of Jackson, in a paper on this subject, quoted from some of the best authorities to show the importance of removing hypertrophied tonsils by some operation, and not allow them to remain, thus weakening the mental and physical strength of boys and girls. He detailed a number of cases upon which he had operated with gratifying results. Advice properly given would do much to dispel from the minds of the laity the old idea that hypertrophied tonsils must not be removed.

Dr. G. C. Savage, of Nashville, said it was a great mistake to allow children to go on from year to year with enlarged faucial tonsils, especially if they were subject to repeated attacks of inflammation. There was no harm from clipping a tonsil unless the child should happen to bleed to death when the operation was done. This rarely occurred. A tenotome, shaped after the manner of the tonsillotome, was just as easy to use on the pharyngeal tonsil as the tonsillotome on the faucial tonsil.

Dr. T. J. Happel, of Trenton, preferred Tiemann's tonsillotome for removing tonsils. He had tried the scissors and other instruments, but said the practitioner should select that instrument which was best adapted to his use, then the work could be done more successfully.

#### MEDICAL ETHICS.

Dr. T. J. Happel, of Trenton, read a paper on this subject.

he said it was to be regretted that most graduates left medical colleges with a vague sort of idea that there used to be in the past a set of rules governing the relations of medical men one another, to their patients, and to the public at large, but that since nothing had ever been said to them by their professors upon this subject, those rules had long since passed into noxious desuetude. In many instances they soon became imbued with the idea set forth by a certain lecturer of the importance of "getting there," and that they laid down for their own guidance "get there" in any way one could, provided he did not violate the eleventh commandment. They followed their golden rule as written and interpreted in these days of greed for gain — do unto the other fellow as you would expect him to do unto you if he could, and do it first.

#### ORIGIN AND TREATMENT OF MALIGNANT GROWTHS.

This was the title of the President's address, delivered by Dr. Paul F. Eve, of Nashville. He mentioned two varieties, one the epithelial type of cells, known as carcinoma; the other the endothelial variety, or connective tissue cells, known as sarcoma. Both of these in many respects presented clinical pictures very much alike. He referred to the theory that cancer is due to parasitic origin, but said he was very much more favorably impressed by the other theory, which bases the origin of cancers upon cell proliferation. Assuming that this disease was due to cell proliferation, if one could in any way check or change these cells, he had the promise of an ultimate successful recovery.

About two years ago he operated upon a lady for scirrhouous mamma, with involvement of the neighboring glands. A very complete operation was made, and every vestige of the disease removed, so far as could be discovered. Her recovery seemed complete in every respect, and he flattered himself that there would be no recurrence. Four months after the operation she returned with a reappearance in the scar tissue. A second operation was performed, consisting of curetting the diseased

structures. The patient was subjected to treatment with the X-ray for four weeks. At first improvement was noticed, but at the end of the third week the wound looked very unhealthy, and at the end of another week the patient returned to him, appealing, as all those unfortunate cases do, for some means to save her life. The appearance of the ulceration was foul and fungous, and every indication pointed to general infection and a speedy death. He began to treat this wound with balsam of Peru, after first irrigating with bichloride of mercury, 1-3,000. After the first few days the unpleasant odor ceased, and he was surprised to notice a decided change and granulations of a healthy nature springing up in the wound. This treatment continued for five weeks, with an occasional touching up of the granulations with the solid stick of nitrate of silver. At the end of this time the wound was entirely healed, and the patient looked the picture of health. He had the pleasure of seeing this patient a short time ago. There was not the slightest evidence of any recurrence, and the woman was in excellent health.

Since this case he had had quite a number of other cases which had been treated in a similar manner. Improvement had been marked in every instance, and the ulcerations from the foul and fungous condition had assumed healthy granulations, healing occurring slowly but effectually. He cited two more cases.

#### GASTRIC DILATATION WITHOUT STENOSIS.

Dr. Fenton B. Turck, of Chicago, discussed the pathology of this subject.

Dr. Turck cited the class of cases usually observed, and advanced the statement that many severe diseases may go on indefinitely without symptoms and without serious consequences, but as soon as there was gastric atony and dilatation the medical adviser was called in for the relief of pressing symptoms. In childhood the dilatation was usually acute, due oftentimes to indiscretions in diet, but the stomach proved its own best relief by ejecting the cause of the trouble, giving itself the only remedy required — rest. In these cases the symptoms were mostly con-

ed to vomiting, and rarely proved troublesome, yielding readily to treatment by rest. In adults the severest lesions might have been present for indefinite periods of time—gastropostosis from various causes; gastritis, either acute or chronic, including atrophy,—and yet the symptoms be wholly absent. But when gastric atony with dilatation supervened, there were at once symptoms of a most positive character; and many diseases that progressed to a fatal ending without recognition were on post-mortem examination discovered to be gastric atony with dilatation, the fundus of the stomach often resting on the pelvic apparatus.

He drew a picture of the mechanical movements of the stomach and of the physiology of its action, the non-activity of cardia in the process of digestion, excepting for the chemical action that took place there, and the expulsive movements of the pyloric portion in rhythmic waves. At this point he outlined a number of experiments to show that it was not due to stimulation of the stomach contents that caused the muscles of the stomach to begin activity. In the laboratory he had introduced into the stomach of dogs hydrochloric acid, the chyme, peptones, albumoses and the like, none of which had slightest effect in causing muscular contractions of the stomach. He had, after all chemical and physiological means of stimulation had failed, introduced water in varying quantities and air—immediately upon which the stomach action began—deciding, according to his view, that stomach muscle movement was wholly due to distension.

Taking up the question of the actual conditions present in stomach fatigue, Dr. Turck cited the findings of Helmholtz and others, who had determined the purely chemical nature of the state, and of Mosso, who, upon injecting the blood of a fatigued animal into the circulation of one not under fatigue, brought about a precisely similar state. These facts had led unavoidably to the conclusion that some changes had taken place in the blood itself; that there had been formed in the process of metabolism certain products which, for want of a better name,

must be known as toxins, and that these toxins were capable of vast reproduction, if not interfered with, or unless anti-poised.

Dr. Turck had made exhaustive experiments along the same line in the laboratory, using dogs, rabbits, guinea-pigs, and horses. He had been able to inject the toxins of fatigue into the circulation from one animal to another, and had been able to accomplish fatigue even to the point of death. The profundity of the infection depended upon the completeness of the fatigue in the animal previously prepared and the amount of the toxins injected. But he had decided, and his experiments were bearing fruit, that if metabolism created certain products which were toxins, and that the stomach muscles which had created these toxins were capable of renewing their function after a period of rest, then it was inevitable that these toxins had their anti-bodies in the circulation; that when the state of fatigue had commanded the muscle to rest, that is, to cease creating these toxins, then it became a matter of time when the anti-bodies in the circulation would be in the majority, and by their presence restore the muscle to its former state. He deduced from these experiments, as well as from the nature and course of fatigue in the stomach, that rest was the means at hand for the cure of the condition.

In dietetics, no fast and hard rule could be laid down, the prime requisite being to give the greatest possible amount of rest, the shortest possible period of muscular activity, and the most serviceable foods to maintain the strength of the patient. He preferred two meals daily at the outset of treatment, one in the morning and one in the evening. Theoretically, a liquid diet was preferable, but practically he employed solid food in a finely divided state, properly prepared, with a sufficient amount of liquid to aid the stomach in the maceration of the mass, and to the end that it might be easily propelled into the intestines. If 3,000 calories were required of a mixed diet under normal conditions, it would be well to cut this down to 1,000, or even less at the outset. For example, 100 grams breast of chicken,

finely divided; 100 grams mashed potatoes; 100 grams toasted bread; 30 grams of butter; 300 c. c. hot, rich milk, which was first coagulated with rennet, in order that it might not be coagulated in the stomach, then shaken back to liquid and heated. Meat, macerated in water, then pressed for its extracts, crushed crackers, hard boiled eggs, and a bit of bran or ballast was another favorite form of diet for a change. If there was persistent anorexia the patient would lie on the right side for two hours following the meal.

In connection with the diet, certain mechanical methods were employed, most of which he had found to be fruitful of harm other than good in these cases. Lavage, galvanic and faradic electricity, exercise, and the more or less systematic bathings and drugs were some of the means which Dr. Turck failed to appreciate. The high frequency current with Oudin resonator he had found sometimes of advantage as an adjuvant.

#### FOOD ADULTERATION IN TENNESSEE.

Mr. Lucius Brown, Chemist, of Nashville, in a paper on this subject said that milk was peculiarly liable to sophistication on account of its perishable nature and the readiness with which it could be adulterated. This took the form of watering, thereby reducing the quality, and the addition of preservatives to conceal and prevent decay. There was no form of food adulteration which was meaner than this. Milk was the standard food of young children, and was largely used for invalids, and the addition of it of such materials, which had a directly injurious effect on the digestion, and usually only took down the danger signal without removing the danger, should be relentlessly and severely punished. An examination of pure food legislation showed that twenty-two States had a regularly organized food inspection department. It was significant that Kentucky had just increased its appropriation for this purpose from \$7,500 to \$10,500. For the proper enforcement of pure food laws a qualified analytical chemist was an absolute necessity. Not less necessary was a wise and active pure food commissioner. There need be, on the part

of the retailer, no fear of a hardship being worked on him by a proper enforcement of food legislation. He was always given an opportunity to put himself right, if he desired to do so, under any food laws. But in order to reassure him, most States allow the retailer to be exempt from conviction if he produced a written guarantee from the wholesaler or his agent resident within the State.

#### EARLY DIAGNOSIS AND EARLY TREATMENT OF OTITIS MEDIA.

Dr. N. C. Steele, of Chattanooga, said that careful observers knew there was a large number of adults who were permanently deaf in one or both ears. Of every one thousand seriously deaf ears, perhaps in 999 the disease was otitis media, and every aurist knew that chronic otitis media was generally incurable. He pointed out the general management and treatment of these cases, and closed by saying that the physician who looked carefully and intelligently after the patient's general health, as well as the local treatment, would have the greatest success in otitis media, just as he would in other local diseases.

#### TUBERCULOSIS CUTIS.

Dr. J. M. King, of Nashville, discussed this subject. He pointed out how the initial skin lesion was formed, and discussed the differentiation of lupus from rosacea, eczema, and blastomycosis, which he said was rarely necessary. Radiotherapy, Finsen light, and violet rays were at present considered the most acceptable method of treatment, and should always be used if the patient was in reach of it. The X-rays and Finsen light were both satisfactory, but the ideal treatment was the combined use of X-rays and Finsen light.

#### GASTRO-INTESTINAL DISEASES OF CHILDREN IN SUMMER.

Dr. Zeb. L. Shipley, of Cookeville, divided the acute diarrheas of infancy on the basis of their etiology into two main classes, namely, those due to nervous origin, and those due to infection. Simple diarrhea was of nervous origin, manifested by an increased peristalsis. This increased peristalsis might be caused by various conditions acting through the central nervous

system or by the mechanical action of undigested food. Among the most important factors acting through the central nervous system were sudden changes in temperature, prolonged exposure to heat or cold, fright and fatigue. Food might fail of digestion from being unsuitable, or from the digestive organs being functionally weak. In either case the food became a foreign body. In this form of diarrhea the intestinal mucous membrane showed no pathological lesion unless it be a slight hyperemia. The stools were increased in number and fluidity, and usually contained particles of undigested food. The chief factor in the treatment of this form of diarrhea was the removal of the cause. If the alimentary canal contained undigested food, this could best be eliminated by giving fractional doses of calomel and sodium bicarbonate, often repeated, until one or two grains had been given, or castor oil given in teaspoonful doses acted admirably. The cause having been removed, the diarrhea usually ceased. But should it continue, the treatment should be directed to the control of the excessive peristalsis. The author next devoted considerable attention to infective diarrhea, and said in the prophylactic treatment of it the infant should have the best possible hygienic surroundings, be given plenty of fresh air and bathed frequently. Care should be taken not to overfeed the infant, as less food was needed in warm weather than in cool, and owing to the depression produced by the heat the child was less liable to digest its food. The infant should be kept as quiet as possible. It should be lightly clothed and frequently bathed.

#### HOW SHALL WE FEED AND TREAT THE BABY?

Dr. Hermon Hawkins, of Jackson, in a paper with this title, laid down three cardinal rules: (1) A food should be given the baby which could be assimilated and given at regular intervals. (2) One should obtain the best possible hygiene of person and surroundings. (3) As little medicine as possible should be given. Each rule was discussed at considerable length, and several cases were reported.

## AMYLOID DEGENERATION.

Dr. C. P. Mc Nabb, of Knoxville, defined this disease and then discussed its etiology, pathological anatomy, symptoms, diagnosis, differential diagnosis and treatment. Treatment consisted of removal of the cause. If syphilis or chronic malarial cachexia was present, the patient should receive proper medication. If there was a chronic suppuration, the surgeon should be called early and the pus evacuated. The physician should be very watchful in cases of hip joint disease, old pyosalpinx, and ileo-rectal abscesses.

## THE MORE SERIOUS COMPLICATIONS OF LA GRIPPE.

Dr. E. A. Cobleigh, of Chattanooga, said that one of the primal results of influenza which was impressed upon him early was not simply the usual debility which accompanied most of the cases, and seemed out of all reasonable proportion to the appreciable conditions presented, but its indefinite persistence and extreme degree in quite a good many cases. These patients, wholly without regard to age or previous vigor, were too feeble for any movement or exercise beyond the minimum of vitality required to stay alive. This one element of debility—passive existence alone—was profound, and the sole cause for uneasiness. Instead of recovering within ten days or a fortnight, most of these sufferers lingered for weeks, sometimes even for months, and not a few dwindled on for a year or two, to die of sheer exhaustion at last. Cases were cited in point.

The next condition, often occurring by itself, was marked by extreme nervousness. A third condition, not very frequent, but seen often enough to impress the clinician, was marked by mental involvement, occasionally amounting to prolonged delirium, to stupor little short of coma, to hallucinations during or even after convalescence from the real attack; and rarely to mania or continuing insanity.

One of the most impressive and rare complications of la grippe which he recalled ever having seen consisted in extreme clonic spasmodic seizures, particularly involving the heart, the

aphragm, and the muscles of respiration, with perfect mentality during it all, but giving rise to the most pitiable agony of fear of pending death.

The writer discussed several other complications of influenza, closing by saying that his object was to sound a note of warning and to awaken physicians to the frequency of complications, and insisting on their prompt recognition.

#### THE CLINICAL SIGNIFICANCE OF ASCITES.

Dr. Raymond Wallace, of Chattanooga, discussed this subject and reported two instructive cases. One case illustrated unusual difficulty of making an accurate diagnosis. The unusually pronounced alcoholic history in this case with excessive peripheral arterio-sclerosis, taken with the gastric symptoms and the absence of ascites, naturally led to a diagnosis of atrophic cirrhosis; and the absolute absence of any cirrhotic changes in the liver was a point of interest. The disappearance of the miliary tubercles of the peritoneum after scrubbing and exposure to air presented a phase analogous to the operative cure of miliary tubercle of the peritoneum.

#### ACUTE SEPTIC OSTEITIS.

Dr. Jere A. Crook, of Jackson, stated that his experience in treatment of this disease comprised only a few cases, and the greater number of them did not come under his treatment until they had become chronic. He presented a specimen of a tuberculous sequestrum that he removed from the femur of a ten-year-old boy. This was a case of chronic osteomyelitis that had been discharging freely for several months. Upon cutting down upon the femur a large cloaca was found, and a freely movable sequestrum. The opening was enlarged with a chisel, the sequestrum removed, and almost the entire cavity of the shaft was packed. It was irrigated and packed with gauze and allowed to granulate from the bottom.

Another case was one that he saw in connection with his practice. This was a case of a chronic osteomyelitis of the femur in a ten-year-old boy. The disease had existed for a year,

and the necrosis had progressed so far that the shaft of the bone was entirely consumed for about two inches. The ends of the remaining bone in this case were rounded with bone forceps, all loose pieces removed, the two freshened ends put in apposition, drainage inserted, and the limb encased in splints. The result was unusually good. The bone united, the wound healed entirely, and the patient had a useful leg with only about three inches of shortening. Here amputation seemed indicated, but conservative treatment saved the limb. He had only amputated twice for osteomyelitis, and then after making every effort to save the limb. Amputation should be the dernier resort, only to be done when necessary to save life. Other similar cases were reported.

#### PROPHYLAXIS OF TUBERCULOSIS.

At the evening session of the second day, this subject was discussed largely for the benefit of the laity, and speeches were made by Dr. John A. Witherspoon, Rev. Collins Denny, Captain A. J. Harris, and G. H. Baskette, representing the lay press.

#### GALL-STONES IN THE COMMON DUCT.

Dr. W. D. Haggard, of Nashville, read a paper on this subject.

Dr. Haggard said that gall-stones in the common duct had been found once in every five cases operated on by Robson, and once in every seven cases of the Mayos. It was estimated that 67 per cent. occurred in the duodenal end, 15 per cent. in the hepatic end, and 18 per cent. in the middle of the choledochus. They varied in size usually from a split pea to a nutmeg, although exceptional instances of much larger stones had been recorded. They were usually solitary, although more than one was frequently found. Freeman, of Denver, removed 37. They usually caused death in from 6 to 12 months from cholemia, if the obstruction was complete and unrelieved. He had seen death ensue in six weeks from cholemia and infection.

He spoke of the colics being unsuccessful in the majority of cases, and even when stones have been expelled it usually meant that others were retained. He exhibited eight stones removed

the common duct after the patient had passed 45 by the 1 during a period of five years, but had had no jaundice at once for a period of two days. The duct was dilated so that the bile escaped alongside of the stones.

stones were about as liable to ulcerate into adjacent viscera as pass into the intestines. The ball-valve stone of Fenger, with its alternate stoppage and escape of bile, with varying jaundice, gray then brown stools, was described. The pain, rigor, followed by rapid rise of fever, sweating, sudden drop in temperature to normal, the appearance of jaundice lasting a few hours and tenderness on pressure under the ribs, were described as characteristic sequence in common duct stones, which might be repeated every few days or weeks. Suppurative cholangitis, and chronic pancreatitis were detailed as complications. Absence of jaundice in 35 per cent. of Kehr's cases was called upon, and the occurrence of primary cancer of the gall-bladder or ducts in 5 per cent. of Mayos' cases, was mentioned. The cause of enlargement of the gall-bladder, with stone in the common duct, was explained in consonance with Courvoisier's law, and enlargement of the gall-bladder from other obstructions in the common duct was instanced among many other differential points between calculus and non-calculus obstruction.

Operation was not urged in acute obstruction by stone, but recommended in all cases that had been in existence for several weeks or longer, unless there were ecchymotic spots from long-standing cholelithiaisis. A quiescent interval between ague-like attacks and in the absence of jaundice, was recommended for operation; if such an interval could be attained.

Many specimens illustrating the various sizes, shapes, complications and special symptoms of duct stones were exhibited. Cholecystotomy and cholecystostomy were shown by large drawings. The Hobson incision was recommended and with a large cushion of the thorax the ducts could be brought almost to the surgeon's traction on the gall-bladder and in a straight line; with the finger in the foramen of Winslow the stones could be palpated and extracted.

The finger inserted into the duct, if possible, is said to be the best. The duct should be drained by tubage or gauze tied with catgut to the duct. Drains should be surrounded with gutta percha tissue. Cholecystectomy was advocated if one was absolutely certain of the patency of the common duct, if the gall-bladder was (*a*) contracted, suppurating, thick-walled, and useless; (*b*) in gangrene; (*c*) neoplasms; (*d*) fistula into other viscera, and (*e*) in obstruction to the cystic duct. Robson's mortality in choledochotomy was five per cent. in the last 21 cases; 6.5 per cent. in 137 of Kehr's cases; 7 per cent. in 137 of the Mayos' cases, with an additional 4 per cent. who survived the operation, but died some weeks after. The Mayos did 30 consecutive cases without a death.

#### CIRCUMCISION.

Dr. E. A. Timmons, of Columbia, read a paper on this subject, in which he discussed its technique, method of anesthesia, after-treatment, and reported several cases.

#### APPENDICITIS.

Dr. John A. Gaines, of Nashville, read a paper on this subject in which he cited several anomalous cases of this disease.

#### ETIOLOGY AND PATHOLOGY OF APPENDICITIS.

Dr. Walter Lenehan, of Nashville, contributed a paper with this title, which was based on the examination of 12 cases which were reported in detail, after which the author discussed the etiology, predisposing causes, and immediate causes. He had found the following organisms in his cases: *Bacillus coli communis*, *streptococcus pyogenes aureus*, *staphylococcus pyogenes aureus*, *bacillus influenzae*, *bacillus typhosus*, *Klebs-Loeffler bacillus*, *bacillus tuberculosis*, and the *diplococcus pneumoniae*. Some non-pathogenic organisms, notably the gas *bacillus* and a few yeast fungi, were also found, but were invariably associated with one or more of the pathogenic organisms. The organism most frequently found was the colon *bacillus*. The author drew the conclusion that any micro-organisms capable of producing

flammatory changes in any other part of the body might also induce the same changes in the appendix.

#### LARYNGEAL DIPHTHERIA.

Dr. O. H. Wilson, of Nashville, stated that the objects of paper on this subject were, first, to emphasize the importance of early mechanical relief when mechanical obstruction threatened life, and one should not delay until depression was marked. One should remember that rapidity of progress was the characteristic feature of laryngeal diphtheria. One did not know what would happen before his next visit. Second, that while in no operation did skill show to better advantage, intubation was not a difficult procedure, but could be learned easily by practice. An early operation, though possibly awkward, was better than waiting to give a moribund case to an imported consultant. Moral: Don't wait; intubate.

#### TABES DORSALIS.

Dr. G. P. Edwards, of Nashville, discussed this subject, saying that the disease predominated in males 10 to 1. A neurotic heredity was an important predisposing factor. The disease might appear in childhood from hereditary syphilis, but in acquired form it occurred between 25 and 50 years of age, a greater proportion occurring about the age of 40. The symptomatology of tabes embraced almost every function in the body, clinical features of which could not be enumerated within the limits of a short paper; but the author mentioned the chief symptoms and the more important clinical features.

The treatment should be directed, first, to the removal of any pathologic processes present or suspected; to the improvement of general health, to stimulate the function of the cells impaired but not lost; to encourage restoration of co-ordination in the muscular system, and correct any incidental disorders which might retard or complicate the desired result. The author believed that any stage or condition of tabes might be improved or arrested by properly directed treatment. The development of degenerative changes could be arrested completely in nearly

every pre-ataxic case, and that much of the lost function could be restored. He believed that these results might also be obtained in a large majority of the ataxic cases, and that this majority was reduced somewhat in proportion to the duration and intensity of the ataxia and the abuse of the specific remedies employed. The author's clinical observation, aggregating 14 cases in his private work, had been uniformly satisfactory. In these fourteen cases, embracing a variety of conditions and degrees of advancement, all had responded to treatment in a most satisfactory manner. In every case the disease had been arrested and continued so to the present time. In nine cases marked improvement in co-ordination, gait, and general health had persisted. In five cases the knee jerk had been restored to normal; all painful sensory symptoms had disappeared; dribbling of urine had ceased, and little evidence of the disease remained. In two cases the pupillary reflex to light had returned to normal. In six cases the Rhomberg sign was barely noticeable with both feet close together and the eyes closed. In two cases the patients could stand upon one foot with the eyes closed.

The author had demonstrated to his own satisfaction at least that the X-ray, when of sufficient penetration to obliterate the shadow of bony structures, would stimulate cell activity in the diseased cord, facilitate the restoration of the lost function in cells not completely destroyed, and relieve the crises and other lightning pains. May not one hope for advancement in the therapy of this disease as well as in tuberculosis, cancer, and many other conditions as witness in the advanced therapeutics of to-day.

#### ALCOHOLIC INSANITY.

Dr. I. A. McSwain, of Paris, offered the following suggestions on this subject: (1) The children of drunken and debauched parents ought for obvious reasons to be taken away from them and placed in decent homes, or removed to industrial institutions provided by the State. This would check their hereditary tendencies to drunkenness, and therefore reduce the number being raised up to become a burden to the State in the way of paupers,

ninals, and lunatics. (2) Young people, who early in life contract the pernicious habit of drinking, should also be removed from the temptation of their environments, and placed in institutions in which they should be taught some useful employment and restrained from vicious habits. (3) The drinking man, as soon as he began his spree, before he was crazed by it, should be taken into custody, not as a mere nuisance, but as a dangerous man or one likely to become so, because of insanity in the incipient stage. (4) The confirmed drunkard, the chronic alcoholic subject, should on no account be allowed to exercise his personal liberty in the pursuit of delusions which result from prolonged excesses.

The following papers were also read:

"Some Recently Collected Statistics on the Increasing Frequency of Abortion; Some Causes for the Same," by Dr. J. L. Andrews, of Memphis; "Keratosis Follicularis," by Dr. G. P. Edwards, of Nashville; "Bone Surgery," by Dr. R. A. Barr, of Nashville; "The Physician as an Advertising Medium," by Dr. C. Runyon, of Clarkesville.

OFFICERS. The following officers were elected: President, Cooper Holtzclaw, Chattanooga; Vice-Presidents, Dr. S. Woodyard, Greenville; Dr. Alfred Moore, Memphis; Dr. F. Richards, Sparta; Secretary, Dr. Geo. H. Price, Nashville; Treasurer, Dr. W. C. Bilbro, Murfreesboro; Delegates to American Medical Association, Dr. W. J. Miller, Johnson City; Alternate, Dr. G. O. Bicknell, Madisonville; Dr. W. D. Haggard, Clarkesville; Alternate, Dr. Louis LeRoy, Nashville.

Memphis was selected as the place for holding the next annual meeting; time, second Tuesday in April, 1906.

## *Abstracts.*

### A QUESTION OF PROFESSIONAL SECRECY.\*

A PAPER read recently before the Obstetrical Society of Cincinnati, U. S. A., by Dr. E. S. McKee, had for its title, "The Ethics of Gonorrhœa in the Female," and for its subject the difficulties which may beset the medical man in preserving the secrets of his patient consistently with his duty to society where venereal disease in a woman is concerned.

In a case of this kind it is hardly necessary to point out that the knowledge acquired by the medical practitioner in the exercise of his profession is not confined to the fact that his patient suffers from a disease. It may place his reputation in his keeping, so that it is in his power to destroy it, or circumstances may come under his observation during his treatment of her which may render him the one person who can effectively maintain her honor. On some occasions, again, he may acquire the secret of the dishonor of a man or a woman other than his patient. In short, the complications which may arise are numerous and each case must be dealt with according to its merits, always keeping in mind certain broad principles of professional conduct.

In the paper referred to, a curious instance is given of a case in which the duty of the medical man was not altogether clear, in which he had a legal decision to guide him with which he did not agree.

A young man came to Dr. McKee and confessed that he had infected his wife with gonorrhœa. Dr. McKee successfully treated her for it. Meanwhile the husband confessed to his wife also what he had done, and apparently allowed her to infer that her medical attendant knew to whom her disease was due. Later on divorce proceedings were initiated by the wife, and Dr. McKee received the United States equivalent to a Subpoena, a somewhat drastic form of a summons enforced by the presence of a consta-

\* Abstract from the London *Lancet*, Feb. 18, 1905.

e, to come and testify what the husband had told him. This he declined to do. The American law accords privilege to knowledge obtained from the patient in the course of professional treatment, but the judge decided that this did not apply to the evidence sought for in the instance before him, on the ground that the wife was the patient and that the confidence, the revelation of which was sought, was not hers but her husband's. In England no privilege attaches so as to protect the medical man in any case, but the principle upon which he resists the effort to extort from him in the witness box the secrets of his patients, is, no doubt, that upon which the American law was originally founded.

If we regard the question decided by the judge as a matter of principle, we shall see that the point is one not quite easy to determine off-hand. The husband, no doubt, spoke in confidence to Dr. McKee, and was entitled to have his communication jealously guarded. On the other hand, the wife was the patient, and directly she alleged that she had contracted venereal disease and had been corroborated as to this by her medical attendant, her honor was impugned unless she could show that her husband and no one else had infected her. Dr. McKee questions the soundness of the judicial decision, and observes, probably correctly, that if he had attended the husband for gonorrhœa as well as the wife, he could not have been ordered to give evidence on the subject.

It may be considered, however, that on a matter of principle the medical man is not bound to keep a secret which the person confiding to him has himself given away, as he is in cases where his confidant has done his best to preserve it. The husband in Dr. McKee's case had told his secret to his wife, and he had apparently told her or allowed her to infer that he had told her medical adviser. In such circumstances he certainly had no right to complain if the medical man obeyed the judge's order without incurrance.

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## *Records, Recollections and Reminiscences.*

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### SPECIAL NOTICE.

The Association of Medical Officers of the Army and Navy of the Confederacy will hold its next annual meeting in Louisville, Ky., Wednesday, Thursday, and Friday, June 14, 15, and 16, 1905. The indications already point to a large attendance and a most enjoyable occasion. Let us try to get together once more, Comrades, as many of us as possible.

JNO. S. CAIN, M. D.,  
President.

DEERING J. ROBERTS, M. D.,  
Secretary.

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### EIGHTH ANNUAL MEETING OF THE ASSOCIATION OF THE MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY.

LETTERS from Mr. Thomas D. Osborne, Secretary of the General Reunion Committee; Dr. Frank C. Wilson, Chairman of the Medical Committee; and Dr. R. Alexander Bate, Chairman of the Committee of Arrangements for the annual meeting of the Association of Medical Officers, all indicate that nothing will be left undone to secure a most satisfactory and enjoyable occasion. At the time of going to press we had not been able to learn definitely in what hall or building the meeting will be held, however, that will be determined in a few days, and the information will be sent out together with the "Circular Letter" which we publish from Dr. Jno. S. Cain, President of the Association, and other information relative to the meeting. The June number of this journal will also contain full details as to the exact place

meeting as well as other features. All can rest assured that good citizens of Louisville are just going to "spread themselves" on this occasion, and we feel assured that the representatives of the Medical Staff who are yet living and who will be in Louisville during the Reunion, will have good reason to remember the pleasures and enjoyment of the meeting as long as they may

The membership of the Association consists of Members, Associate Members, and Junior Members. All who served in the Confederate States Army or Navy as Surgeon, Assistant Surgeon, Contract Surgeon or Acting Assistant Surgeon, Chaplain, Hospital Steward are eligible as Members; all Confederate veterans who are now practitioners of medicine, as Associate Members; and all sons of Confederate veterans who are regular practitioners of medicine, as Junior Members. The annual dues membership fee is only one dollar, paid only when in attendance at a meeting. The meetings will be held from time to time during the Reunion, but the program will be arranged so as not to conflict in any way with the other Reunion festivities. Short morning, afternoon, and possibly evening sessions in which papers containing the personal recollections and reminiscences of the members, together with extempore remarks on matters coming under their observation during those eventful years 1861-65, will be the order of business.

It is most earnestly to be hoped that every one who can will avail himself of this occasion and partake of the hospitality of the citizens of Louisville, and enjoy for a brief space the society and companionship of those with whom they were associated during those eventful days of the past.

CIRCULAR LETTER.

Nashville, Tenn., May 1, 1905

My Dear Comrade:—

A Reunion of the Medical Veterans of the Army and Navy the Confederate States will be held at Louisville, Ky., on the 14th, 15th, and 16th of June next. The meetings will be held in conjunction with the Annual Reunion of the United Confederate Veterans.

I desire through this communication to especially call your attention to the fact that our members, consisting of those who were originally active participants in the cause so dear to our lives and which we annually meet to commemorate, are year by year growing fewer, and must ere long be known only to memory; it behooves us, therefore, to endeavor to get new material into our organization in order that this result may be avoided.

Our Constitution provides that, in addition to the classes originally composing the organization, now Contract Surgeons, Hospital Stewards, Chaplains, and Physicians who are Veterans, may become members, and that physicians who are sons of Veterans may be admitted as Junior Members, contemplating, of course, their maintenance of organization, for it is this class to whom we must look for the perpetuation of our Association after a few years longer.

First, I desire to express the hope that you and all others that are members, will strain a point to be at and participate in the approaching Reunion.

Secondly, that you will endeavor to influence all within your knowledge, who are entitled to membership by reason of actual service during the war, to make application at once, in order that we may have their co-operation in working out the destiny of our organization.

Thirdly, that you will endeavor to influence all other privileged classes, especially the young physicians who are eligible and upon whom we must depend in the future. The membership fee is only One Dollar.

Lastly, permit me to express the hope that you will write some reminiscent matter from your army observations, and bring it to our coming Reunion, which I hope will be the largest and most interesting of our history.

Very truly and fraternally yours,

J. S. CAIN, M. D.,

*President of the Association of Medical Officers of the Army  
and Navy of the Confederacy.*

*Obituary.*

PATRICK H. THORNTON, M. D., University of Louisville Medical Department, 1857, chief surgeon of Division in Confederate service during the Civil War, died at his home in Los Angeles, Cal., March 24, aged 69.

SECTOR MCNEILL GRANT, M. D., Louisville Medical College, Helena, Ark., surgeon in the Confederate service during the War; several times mayor of Helena, and four times State Senator, died at the home of his daughter in Clarksdale, Miss., April 6, after a long illness, aged 82.

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*Editorial.*

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Y-FOURTH ANNUAL COMMENCEMENT OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NASHVILLE.

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the presence of an audience which taxed the capacity of the building. The commencement of the Medical Department of the University of Nashville was held on Friday night, March 24, the fifty-fourth annual commencement of the Medical Department of the university. Not only was the chapel packed, but every window and doorway was occupied, as was also the corridor adjoining the entrance. Hundreds of people, unable even to reach the entrance, went before the exercises. Hereafter the commencement exercises of the Medical Department will be held at the Vendome Theater or some equally spacious auditorium.

The exercises were opened by a prayer by Rev. W. D. Holmes, D. D.; followed by James D. Porter, who presided over the meeting, then introduced Prof. Wm. G. Ewing, M. D., Dean of the Faculty, who delivered the faculty address. He reminded the young doctors that they had passed through the period of preparation and had reached the happiest moment of their lives in the possession of their diplomas. He said that hope, trust and confidence in their ability had brought them there, and that the result of hard work they had accomplished the desired end. Dr. Ewing then made a few suggestions to the graduates, which were calculated

lated to help them in their future work. He said that they would stand or fall just in proportion as they impressed their personalities on the world, but that though they would have to work out their own fortunes, the training which they had received would speed them on the highway of success. He said that the world would give a place and a welcome to the man who earned it, that the world would give them a chance, but nothing else. "If you do your work better than anybody else, you will be sure to win a place in the great lottery of life. You may not be brilliant, but you can be patient and persevere." He said in regard to the earning of money that "all the roads leading to the golden gate were full to overflowing," but that there were things which money could not buy. He admonished them to let each day's duties and pleasures be within the twenty-four hours. "Don't be ashamed of being poor," said he, "but don't tell any one about it. Do not get mad, for you will have to get over it again, and that is not always easy to do."

He closed by saying, "To-night we part as teachers and pupils, to-morrow we meet as gladiators in the field of actual service."

Dr. Clarence Eugene Elgin, of South Carolina, was next introduced, and delivered an eloquent valedictory address. He spoke of the great influence which the man of science has had on the progress of the world. He said that by the application of the principles of science the luxuries of the rich had been made the necessities of the poor. He said that no branch was more important than that represented by the man of medicine; that the modern conception of medical advancement was not so much the cure as the prevention of disease, and that the profession was working more and more to that end.

Chancellor Porter then conferred the degrees on the following class:—

D. C. Batson, W. R. Bethea, P. D. Biddle, B. E. Britt, T. Brown, R. N. Buchanan, S. H. Burnett, S. Campbell, O. M. Carter, C. H. Crawford, J. M. Cullum, J. McC. Denby, Marvin Denton, N. C. Denton, N. E. Dick, W. B. Dozier, C. E. Elgin, A. L. Erwin, R. S. Erwin, M. J. Ferguson, W. A. Fletcher, A. B. Garland, W. A. Grant, W. C. Groce, E. D. Gross, H. C. Guerin, N. P. Guill, F. B. Hamilton, Jr., G. W. Hays, J. E. Henderson, G. P. Hicks, R. L. Hughes, J. T. Irby, C. D. Jacobs, J. F. John, J. H. King, W. T. Lowe, J. W. McClain, S. McDonald, J. McGovern, W. B. Madeley, J. H. Maples, J. R. Mason, R. B. Mays, J. W. Moon, F. C. Myers, L. F. Naylor, W. J. Neal, H. M. Owen, S. L. Parnell, P. Pelæz-Laredo, C. W. Phillips, J. C. Pickett, W. S. Polk, A. E. Reed, E. L. Roberts, J. L. Saunders, H. C. Shearer, M. D. Shearer, C. N. Sisk, H. T. Speck, H. H. Stephenson, W. P. Sumners, M. Terry, W. B. Threlkeld, W. Thomas, Sam Webb, L. K. Warren, T. D. Welch, J. M. Wheelis, G. R. White, D. V. S., J. B. White, R. N. Whitfield, W. H. Woods, A. D. Yoho.

The "University of Nashville medal" was then presented to Dr. Warren Algy Fletcher, who made the highest general average of any man in the class. He was offered the internship at the City Hospital, but found it impossible to serve, and a man to take his place will be selected by the faculty.

Prof. Charles E. Little, Ph. D., made the presentation speech in a very original and pleasing way. He said that the tendency of modern dent life was to magnify the glory of muscle and the greatness of man, but that there was one time in the school year when scholarship was its deserts, and that was at commencement.

The commencement for the spring term will be held during the latter part of June.

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#### THIRTIETH ANNUAL COMMENCEMENT OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF TENNESSEE.

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Before a large audience of happy friends and relatives in Watkins Hall Monday night, April 3, ult., occurred the thirtieth annual commencement of the University of Tennessee, Medical Department. After a march from "Sergeant Kitty" by Pellettieri's orchestra, Rev. W. M. Derson delivered the invocation.

Dr. Paul F. Eve gave the charge from the faculty to the graduates. He dwelt largely on the development of character in the physician. He said in part: "There are in man two kinds of character; first, that character that leads to public influence and success, and second, that fighting with the current of life which seems always to be striking against obstacles, and at last wrecks itself on the rocky shores of life. Before you are fields of opportunity and influence. These can only be reached by high ideals. You will soon be battling with disease. In this fight I recommend you to your text-books, your lectures, your journals, and above all to that greatest of teachers, experience. Learn above things to be a perfect gentleman."

Adjt. Gen. Harvey H. Hannah delivered an eloquent address to the graduating class. Gen. Hannah said in part:—

"It is not for the poor lips of a layman to speak about the ethics of the profession of medicine. If I can touch only a minor chord in the hearts of you young gentlemen I shall be satisfied. Nothing in this world succeeds like success, is an old saying, but true in every respect. The world loves to follow and applaud the man that wins, that means to do something in the battle of life. The surgeon with his knife struggles with death over the bedside of mankind. The profession of medicine is a profession in which brain and genius alone survive. The

doctor of to-day is to the doctor of old as sending messages on the wings of chained lightning to the old town criers of the seventeenth century.

"The profession is yet in its infancy. Every possibility lies before you. I wish to express no sectional spirit, but I love every heart in this land of Dixie. [Applause.] This is your glorious country. Our Dixie leads the world in orators and statesmen. It lies with you what the reputation of this land remains. Raise your eyes to the skies, and take the hand of him who is the Great Physician, the great Balm of Gilead."

Dr. Brown Ayres, President of the University of Tennessee, conferred the degrees upon the graduates. Prof. Paul Nichols awarded the prizes. Searle B. Gillespie, of Tennessee, was awarded the first prize, the Paul F. Eve faculty medal. He attained the remarkable record of gaining 875 points out of a possible 900. Hal T. Pitts and Toria J. Bratton, both of Tennessee, were awarded the second and third medals. The class roll is as follows:—

J. E. Arrington, I. T.; D. W. Allen, Texas; I. H. Beasley, Tenn.; T. J. Bratton, Tenn.; P. M. Bristow, Tenn.; F. M. Blankenship, Tenn.; R. K. Bingham, N. C.; T. Y. Carter, Tenn.; James Crosson, S. C.; Ira J. Dawson, Texas; O. W. Fesmire, Tenn.; Luther M. Freeman, Tenn.; B. E. Giannini, Tenn.; Charles H. Gulley, Texas; Lewis Gaddy, Ark.; S. B. Gillespie, Tenn.; William T. Hunter, Miss.; Thomas B. House, Tenn.; Alvis Y. Kirby, Tenn.; Arthur R. Kempf, Ky.; Wiley E. Lindsay, N. C.; Basil S. Mayo, Tenn.; Edwin C. Morgan, Ky.; Samuel W. Minor, Tenn.; Earle R. Mulheron, Tenn.; Edwin L. Maxwell, Fla.; Hal T. Pitts, Tenn.; Frank Savage, Va.; Herman E. Sidwell, Tenn.; Nard F. Smith, Tenn.; Sam L. Wadley, Texas; Thomas D. Wilson, Tenn.; Wilburn C. Williams, Texas.

The next session will begin Monday, October 2, 1905.

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ANNUAL COMMENCEMENT VANDERBILT UNIVERSITY,  
MEDICAL DEPARTMENT.

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THERE was a large audience in the lecture hall of the Medical Department of Vanderbilt University on Monday evening, April 3, the occasion being the annual commencement exercises. All of the standing room was occupied, and there were many ladies present. The exercises marked the close of a prosperous year in the history of the medical department, degrees being conferred upon a class of thirty-five young doctors, and honors being awarded. The program was interspersed with music by an orchestra.

The first number on the program was music by the orchestra, after which there was an invocation by Rev. Geo. A. Gowen. The faculty

ge was delivered by Dr. J. T. Altman, who made a strong and impressive address to the graduating class. He said in part as follows:—  
Your presence here means much to you and to the institution from which you graduate. The medical profession is one which demands hard earnest work.

If you do not prosecute your work in earnest you had better seek other occupations immediately. If you go into the profession for money in it strictly, or for the fame you may acquire, you cannot have any permanent success. You can have no more lofty aim than to be an efficient general practitioner. Possibly some of you were induced in your selection of a profession by the old family doctor. He need not be scientific, but his is the experience of the sick-room, and record has been made at the bedside.

Remember that success without manhood is useless. The eagle and the snail may both claim the mountain top, but there is a large difference in the character of their claims. Reputation without character, man without manhood, is a most pitiful lack of combination."

Dr. Altman admonished the class against enmity toward their fellow-practitioners. He told them to never listen to a tale about one of the class, and if they could not help but hear it to go to the one about whom the story had been told and talk the matter over with him immediately.

The principal address of the evening was delivered by Rev. George Bowen. The subject of the address was "Truth Triumphant," and Bowen spoke in a most eloquent and thoughtful manner, blending his address a few pleasantries, which delighted his hearers.

Following the address came the conferring of degrees, Chancellor Kirkland officiating, and awarding diplomas to the graduates with appropriate remarks.

Dr. W. L. Dudley, Dean of the faculty, awarded medals and honors as follows: Founder's medal, awarded to Paul DeWitt, of Tennessee; Hospital interne, awarded to Robert W. Grizzard, Jr., of Tennessee; Madison County Hospital interne, awarded to Wightman T. Reid, of Georgia; first year scholarship, awarded to Virgil Milo Pinkley, of Georgia; second year scholarship, awarded to Wibb E. Cooper, of Tennessee; third year scholarship, awarded to James M. Trout, of Tennessee.

The following are those composing the graduating class:—  
Forest A. Black, Orville T. Bundy, Clarence C. Cate, M. W. Colgin, Collins, Ezekiel H. Couch, James W. Danley, Paul DeWitt, Graham Diggs, George M. Evans, John F. Ford, Joel C. Griswold, Robert Grizzard, Jr., Emmette M. Guthrie, Albert Roberts Halley, Andrew Houston, John B. Howell, John H. Kay, William B. Lawrence, Sewall, I. J. Morris, William W. MacDonell, William M. McCrary, Edgar

S. McIlvain, Shoichi Nakamura, John Overton, Alexander Perry, Jr., Thomas H. Phillips, Wightman T. Reid, Samuel W. Scales, Lovick P. Shell, Oscar E. Templin, Elton M. Townsend, Sylvester H. Welch, Jr., James W. West.

#### ANNUAL MEETING OF THE NASHVILLE ACADEMY OF MEDICINE.

THE annual meeting of the Nashville Academy of Medicine and Davidson County Medical Society, and the subsequent banquet held at the Tulane Hotel, Tuesday evening, April 4, ult., was one of the most enjoyable and beneficial in the history of the organization. The meeting of the academy was called to order by President S. S. Crockett. There was present one of the largest gatherings of medical men which has come together at these weekly meetings during the year.

As Secretary and Treasurer, Dr. Roberts reported that there was not a delinquent member.

The Auditing Committee reported, by the chairman, Dr. Neil, receipts and expenditures showing the financial condition of the academy to be in the best of order. The books show a balance of \$190.43 in the treasury.

The academy then proceeded to the election of officers. Drs. Louis LeRoy and Lucius E. Burch were nominated for President by Drs. McGannon and Deering J. Roberts, respectively. Dr. Burch was elected by a vote of 31 to 22. Dr. Burch made a short talk, thanking the academy for their action.

Dr. D. R. Neil was nominated for Vice-President, and on motion the Secretary cast the unanimous vote of the academy for him.

The name of Dr. H. M. Tigert for the office of Secretary and Treasurer took the same course, as did the names of Drs. W. D. Haggard, A. B. Cook, and Louis LeRoy as delegates to the State Medical Association. The alternates are Drs. W. A. Bryan, J. M. King, and Richard Dake. Dr. Burch, the new President, was escorted to the chair, and Dr. Tigert took over the office of Secretary.

The next order of business was the annual address of the retiring President, Dr. S. S. Crockett.

After Dr. Crockett's address the body adjourned to the main dining-room of the hotel, where a toothsome banquet was served. Music was furnished by Pellettieri's orchestra. Dr. G. W. Price acted as toastmaster, and on each side of him were the newly-elected and retiring Presidents. Dr. J. A. Witherspoon responded to the toast "The American Medical Association;" H. W. Morgan, M. D., D. D. S., "A Long

Pull, a Strong Pull, and a Pull Altogether;" and Hon. John W. Keeble, "Trials and Tribulations;" each of these capable and competent speakers interesting and entertaining those present in a most enjoyable manner by his eloquent and felicitous remarks.

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CINCINNATI SANITARIUM.—We have just received the Thirty-first Annual Report of this most excellent institution. It shows a continuation of one particular feature that has so marked it for so many years, viz., a larger per cent. of recoveries than any of the leading institutions of its class in the United States. The increase of business has demanded additional buildings, and plans are now under course of preparation.

Dr. B. A. Williams, for about twenty years or more connected with the institution under Dr. Orpheus Everts, is the senior resident physician, assisted by Dr. C. B. Rogers, who has an enviable record during several years' experience as assistant physician under the late Dr. Richardson at the Massillon (State) Hospital, and at the "Fair Oaks Sanitarium" at Cuyahoga Falls, N. Y. Dr. F. W. Langdon, so well and widely known as one of the leading psychiatrists of not only Ohio, but of the United States, is the Medical Director.

The more conspicuous features of the Sanitarium to which the attention of persons interested is invited, are:—

Perfect salubrity of location, exempt from atmospheric impurities of all kinds, combining the seclusion of the country with easy access to and from the city.

Facilities afforded by numerous buildings and subdivisions, for individual treatment of a variety of invalids, whether mentally or otherwise impaired.

Responsibility of the institution, now in its thirty-second year of successful operation, and its entire avoidance of all quackish, or meretricious extensions or practices.

General reputation, acquired by successful treatment of so many insane, and otherwise impaired persons; and the perfect candor of opinions given in all cases submitted by its professional staff, uninfluenced by financial contingencies or considerations of a proprietary character.

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SENG.—I have used and continue to use the preparation Seng with marked success, especially in cases of gaseous dyspepsia accompanied by irritable heart. I learn from my druggist that he has an increasing demand for it.  
A. W. FISHER, M. D.

Altoona, Pa.

THAT ACETOZONE is a valuable germicide is demonstrated by its effects upon typhoid bacilli and cholera vibrios in river water. In their experimental work Freer and Novy (*Contributions to Medical Research*, p. 107) made the following tests:—

a. A cylindrical glass-wool filter was prepared, and on it was placed a layer of Acetozone crystals, about 3 cm. thick. A bouillon suspension of typhoid bacillus *passed once through this filter yielded a sterile filtrate*, while control tubes gave the usual abundant growth.

b. A liter of tap-water was sterilized by heat, and, when cool, a suspension of cholera or typhoid germs was added, the experiment being repeated several times. Ten to twenty milligrams (1-6 to 1-3 grain) of Acetozone was added, and, after thorough shaking, portions of the liquid were taken out and planted in bouillon and agar which was plated. In each instance the cholera germs were destroyed completely in five minutes, and the typhoid germs in fifteen minutes by the extremely small quantity of Acetozone used. It should be observed that the addition of 10 mg. of Acetozone to 1 liter of water represents a solution of 1 part to 100,000. Controls gave abundant growths, the plates yielding 600,000 to 800,000 colonies.

From the above experiments the authors draw the conclusion that pathogenic organisms are destroyed by extremely small amounts of Acetozone. They also suggest the practicability of this agent for the purification of contaminated waters, especially in connection with military operations. From other experiments it was found that even sewage can be rendered almost sterile by the addition of relatively small amounts of Acetozone.

Therapeutically Acetozone is being very widely used in the treatment of typhoid fever, intestinal diseases, notably summer diarrheas in children, in gonorrhea, suppurating wounds, and infectious processes generally. It is prescribed in the saturated aqueous solution which is prepared by adding 15 grains of Acetozone to a quart of water, shaking thoroughly and setting aside for a couple of hours to hydrolyze. Messrs. Parke, Davis & Co., who prepare Acetozone, are sending out printed matter to physicians containing reports of very gratifying results from the use of this interesting compound. Any physician who has not received a brochure can obtain one on request.

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INFANT FEEDING.—Prof. W. D. Halliburton, M.D., of London, England, in a recent address delivered before the American Chemical Society at New York, on Jan. 8, 1904, as reported in the *New York Medical Journal*, says:—

"This is neither the time nor place to enter into the wide question of infant feeding, but I cannot refrain from a passing allusion to the various widely advertised farinaceous foods, which are even more harm-

al to the child than altered milk. Chemists can join with medical men in their attempt to educate the public to realize that the natural form of food for the infant is milk and that the child's alimentary canal is not capable of grappling with starch, still less with cellulose. The wide prevalence of intestinal disturbances and of rickets is largely due to the non-recognition of this elementary fact."

Is it fair to the weak infants that we take such liberties with their stomachs?

In Lacto Preparata, we find the only infant food that perfectly nourishes children without the addition of cow's milk. We do not except the so-called milk-foods, for they contain but very small percentage of solid constituents of cow's milk. Most of the credit given to prepared food belongs to cow's milk, which must be added to them or the child would starve. It is not claimed that Lacto Preparata is a perfect substitute for human milk, but that it appears nearer to human milk in food-value and digestibility than any other preparation that has been produced and that it is the only infant's food that will, without the addition of cow's milk, thoroughly nourish a child from its birth.

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THE RUTHERFORD COUNTY MEDICAL SOCIETY met at Murfreesboro, at the offices of Drs. Murfree, Wednesday, April 5, the following physicians of the county being present, viz.: Drs. S. H. Wood, S. C. Grigg, D. C. Buff, J. J. Rucker, E. A. Speer, W. C. Bilbro, J. B. Murfree, Sr., J. B. Murfree, Jr., V. K. Earthman, E. H. Jones, Pres., and Rufus Pitts, Sec. The essayist, Dr. J. B. Murfree, Sr., addressed the Society on the subject of "The Therapeutic Value of Ergot," which was very fully discussed by the members present.

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QUININE WITHOUT EBRIETY.—When two such well-known drugs as Antikamnia and quinine are offered to the profession, it hardly seems necessary to indicate the special classes of affections which call for their use. Antikamnia is unquestionably a perfect substitute for morphine for external administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloid of opium. In cases of malarial fever the combination of antikamnia and quinine should be given as a prophylactic and cure. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of "Antikamnia & Quinine Tablets," each tablet containing 2½ gr. antikamnia and 2½ gr. sulph. quinine. The antikamnia in

these tablets not only relieves the pain, but prevents the ebriety or ringing sensation produced when quinine is administered alone. In headache (hemicrania), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets is indicated.—*Medical and Surgical News.*

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AS TO SEPTIC INFECTION.—The *Journal of the American Medical Association* is perfectly correct when it states editorially in its issue of April 8, 1905, that its own observation of medical literature indicates that echinacea is being used far more than formerly, as Ecthol (formula: Each fluid drachm contains 28 grains echinacea augustifolia and 3 grains thuja occidentalis) has grown into almost universal use among physicians of all countries since it was first introduced to the profession some 5 years ago. Discussing echinacea in a recent issue of the Louisville *Monthly Journal of Medicine and Surgery*, Dr. C. S. Chamberlin, of Cincinnati, writes as follows: "In my own experience, the results attending the use of echinacea have convinced me that there is no remedy of so great value in the treatment of cases of septic infection, and I have repeatedly used it in the cases of septicemia following wounds of the extremities, which I am confident, by any other means of treatment, would have resulted in the loss of the limb and possibly of the life of the patient." He further recommends it to eliminate toxins and to alter conditions which favor suppuration and inflammation, as in the case of abscesses, ulcers, gangrene, bites of venomous insects and reptiles, tonsillitis, the exanthemata, eczema, and psoriasis.

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A FAMOUS FRENCH WINE.—M. Emile Gautier, director of *La Science française et la Science pour tous*, and an eminent French writer on science, has written and published over his own signature, in the French journal *Le Firago* for Dec. 1, 1904, a descriptive article of the famous "Chateau Mariani"—by which title Vin Mariani is known to connoisseurs abroad. The comparison this scientific critic makes, with his native French wines, in favor of Mariani Wine, may be accepted *ex cathedra*, as it is voluntary and impartial.

\* \* \* \* \*

M. Gautier calls attention to the fact that Mariani Wine is essentially and above all a "true wine," famous among the best wines of France. Its natural bouquet, far from being changed by the delicate aroma of Coca, gains by such alliance, to form a combination of which the inimitable characteristics are peculiar to the special expertness of M. Mariani. The author, in referring to the reasons for the great popularity of this wine, endorses those qualities which have kept Vin Mariani before the

medical profession for so many years. He says: "It is well known that the uniformity and reliability of Mariani Wine is not equaled by any of the other grand wines of France, and many gourmets, who are accustomed to the finest vintages, demand 'Chateau Mariani' by preference."

-Coca Leaf, January, 1905.

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DANIEL'S CONCT. TINCT. PASSIFLORA INCARNATA is a pleasant, reliable, harmless, and potent calmative for diseases of the nervous system. It is prepared from the fresh green fruit, leaves and vine, and holds in solution the natural sedative and hypnotic properties of the plant. It possesses a soothing influence over irritable nerves, and given in tea-spoonful doses, will remove the consequences that follow, such as relieving insomnia; quieting teething babies; calming nervous women during and preceding the period of child-birth; and giving a healthful cure to sufferers from hysteria, hypochondria, and neuralgia.

Passiflora is valuable in every form of nerve debility, because it rejuvenates and tranquillizes without a weakening reaction. It is nature's nerve calmative.

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PEPSIN is undoubtedly one of the most valuable digestive agents of our Materia Medica, *provided a good article is used*. Robinson's Lime Juice and Pepsin (see advertising page 17, this number) we can recommend as possessing merit of high order.

The fact that the manufacturers of this palatable preparation use the purest and best Pepsin, and that every lot made by them is carefully tested, before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from Pepsin.

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DR. PETTEY'S RETREATS.—We take pleasure in directing attention to the work of Dr. Geo. E. Pettey, of Memphis, Tenn., who has recently completed the treatment of 800 cases of drug addiction at his Memphis Retreat. He has also lately opened a branch of his work at Denver, Col., and another at Oakland, Cal., each of which is under the care of one of his assistants. These institutions were opened and are being maintained solely for the purpose of treating the alcohol and narcotic drug addictions by methods based upon the original investigations of Dr. Pettey and first published to the profession by him in 1901. (See *Therapeutic Gazette*, October, 1901.)

It is stated upon good authority that the method of treatment introduced by Dr. Pettey removes these addictions from the list of almost incurable diseases, and renders them the most certainly and readily curable of all the chronic ailments. In thus extending his work, the doctor is making an organized effort to rescue from the irregulars a class of

patients who have been neglected by the profession generally until they have almost ceased to apply to them for relief. These institutions are conducted upon strictly ethical lines, and we bespeak for them the most hearty professional support.

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SEASICKNESS is a condition more than difficult to influence by drugs, except probably in isolated cases. Numerous remedies were tried and resulted in just as numerous failures; but in Validol, K. Koepke has at last found a drug which he says produced the desired results and has failed in but a very few instances out of a few hundred cases in which it was tried. When the patients first complain of nervous headache, bad taste, salivation, dizziness, etc., etc., they are given 10 to 15 drops of Validol in sugar, followed by a glass of wine in about half an hour. The dose may have to be repeated, but in most cases the patient improved at once after the first dose and remained well. Should the first dose of Validol be vomited, a second piece of sugar with 10 drops is given at once and repeated several times during the day. Sherry, mixed with eggs (yolks only) and ice, in teaspoonful doses is given at this stage until the patient can eat other things.

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GERMILETUM *vs.* CATARRH AND ECZEMA.—Germiletum being slightly alkaline with no acid reaction, the profession will readily recognize that in Germiletum they have an antiseptic, germicide, deodorizer, and disinfectant superior to any other, and whereas the Dios Chemical Company of St. Louis manufacture specialties only for physicians to prescribe, the profession may rest assured that all products of their laboratory will be kept up to the highest standard of efficiency. On application they will furnish literature, clinical reports, and commendations recommending Germiletum as unexcelled in catarrh and eczema. In addition they proffer their Complete Visiting List for 1905 of 126 pages, Lock Bill File, and full size bottle of Germiletum, Dioviburnia, and Neurosine free, only to physicians, they paying express charges.

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SUMMER SESSION, by the lecturers and assistants New Orleans Polyclinic. This course is intended for recent graduates and other physicians who have been unable to attend earlier. It will last six weeks and begins June 1. Teaching in eighteen branches, including the specialties, laboratory work, and cadaveric operations. Table of rates: Any single branch, six weeks \$15.00, four weeks \$12.00; any two or more branches, each, six weeks \$12.00, four weeks \$10.00; all branches, six weeks \$100.00, four weeks \$75.00. For further particulars write New Orleans Polyclinic, Liberty and Tulane Avenue, New Orleans, La.

CHIONIA.—At the time I had charge of the medical department of the Tadaga Furnace Company and the B. & A. Railroad Company of Alabama, I had under my observation some 1200 men and women. My stay here was continued for nineteen months, and during this time I used very little calomel, and in its stead employed Chionia for liver troubles with the best results. It is not necessary to state individual cases, but I will say that no remedy can equal Chionia as a hepatic tonic in cases of yellow skin, loss of appetite, and bowel derangement. Chionia can be depended upon in clearing up these various disturbances which usually accompany or follow functional disorders of the liver.

B. F. LAIRD, M. D.

Covington, Ky.

NEW ORLEANS POLYCLINIC.—*Eighteenth Annual Session opens November 7, 1904, and closes May 20, 1905.* Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work.

For further information, address New Orleans Polyclinic, Post-office Box 797, New Orleans, La.

MEETING OF TEXAS STATE BOARD OF MEDICAL EXAMINERS.—The Board of Medical Examiners for the State of Texas (regular) will hold its next meeting in Austin, Texas, May 2, 3, 4, and 5, 1905, for the examination of applicants and transaction of other business. For further information address the secretary.

J. T. WILSON, President, Sherman, Texas.  
N. M. SMITH, Secretary, Austin, Texas.

FOR SALE.—Nice residence in convenient, elegant part of the city of Austin, Tex., for \$2,500 cash; good practice and office in business part of city thrown in; wish to retire from practice; great bargain. Address Dr. Q. C. Smith, 617 Colorado St., Austin, Tex.

IN MY OWN PRACTICE I have for years employed Nuclein in every case of measles from the beginning, be the disease ever so slight. Under this regime a conspicuous amelioration of severe symptoms and a shortening of the eruptive stage will be noticed in most cases; preferably the tablets of Protonuclein (R. & C.) are to be used, the dose being from 3 to 4 several times a day.—*Index of Diseases, by G. Bjorkman, A. M., M. D., Merck's Archives, January, 1905.*

MISSOURI STATE SANATORIUM FOR THE TUBERCULOUS.—Among the many wise measures inaugurated by the Legislature of Missouri, at its last session, was a bill providing for the erection of a sanatorium for the treatment of tuberculosis in its early stages. According to the provisions of the bill, the institution will be situated in the Ozark Mountains at an elevation of at least 1,000 feet above the sea level. The bill carries an appropriation of \$50,000, to be disbursed under the direction of a commission, to be appointed by Governor Folk. Dr. James Stewart, from Warren County, was the author of the bill, and it was largely through his untiring efforts that it became a reality.

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"So You HAVE DECIDED to get another physician."

"I have," answered Mrs. Cumrox; "the idea of his prescribing flax-seed poultices and mustard plasters for people as rich as we are!"—*Ex.*

Quite right. If he had been up to date, he would have used Antiphlogistine, whether his patients were rich or poor.

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TREATMENT OF FELONS.—Felons are classed as minor surgery, and yet many a finger has been lost through their careless treatment. Antiphlogistine is a specific in incipient cases. Apply hot, change every 6 or 8 hours, and resolution will as a rule occur without the formation of pus.

If pus has already formed, incise deeply and freely. Thoroughness is essential. Evacuate and cleanse with a suitable antiseptic. Insert a drainage tube. Surround the finger with Antiphlogistine. Cut the drainage tube one fourth inch above the surface of the Antiphlogistine. Cover all with absorbent cotton and a bandage. The results will be satisfactory.

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## Reviews and Book Notices.

MEDICAL EXAMINATION FOR LIFE INSURANCE, AND ITS ASSOCIATED CLINICAL METHODS, with Chapters on the Insurance of Substandard Lives and Accident Insurance. By CHAS. LYMAN GREENE, M. D., Professor of Theory and Practice of Medicine in the University of Minnesota; Member of the Association of American Physicians; of the American Medical Association; Ex-President of the National Association of Life Insurance; Examining Surgeon; etc., etc. 8vo, cloth, pp. 466, second edition, revised and enlarged, with 99 illustrations. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, 1905.

A little over four years ago we had occasion to highly commend this excellent and valuable work; and from frequent ref-

erence to it from time to time are only the more pleased with it.

In his preface to the first edition Dr. Greene says: "It may not be true that this department of medical work should rank as a specialty, but it cannot be denied that in his capacity as an examiner the physician is confronted by many problems quite distinct and apart from those encountered in the ordinary practice of medicine." In this statement, after a long experience prior to the issuance of the first edition, we fully concur. Valuable as we found the first edition, a somewhat cursory investigation of this volume justifies our continued commendation.

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A TEXT-BOOK ON THE PRACTICE OF MEDICINE.—By JAMES M. ANDERS, M.D., Ph.D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia; Attending Physician to the Medico-Chirurgical and Samaritan Hospitals, Philadelphia, etc. A magnificent octavo volume of 1295 pages, illustrated with five colored plates and numerous engravings. Prices: cloth, \$5.50 net; sheep or half morocco, \$6.50 net. Sixth edition, thoroughly revised. W. B. Saunders & Co., 925 Walnut St., Philadelphia; New York: Fuller Building, 5th Avenue and 23d Street; London: 9, Henrietta Street, Covent Garden, Publishers, 1903.

The following notices of our contemporaries of the preceding edition we most heartily endorse, stating, however, that this sixth edition is a decided improvement on its predecessors, and will be found to be fully up-to-date and abreast with the latest advances.

"It is a work by which many will profit, for it is both comprehensive and reliable. The work of Dr. Anders is a good one."—*New York Medical Journal*.

"The book is a good one, and for the average general practitioner relative to symptomatology, diagnosis, and treatment."—*Bulletin of the Johns Hopkins Hospital*.

"The book as a whole is very complete, and it deserves a prominent place amongst medical text-books. It is, moreover, very well printed and illustrated, and possesses a copious index."—*The Lancet, London*.

"As far as we can see after a careful inspection, the book is thoroughly abreast of the times, containing the most recent ma-

terial relative to symptomatology, diagnosis, and treatment."—*Philadelphia Medical Journal*.

"The present edition is a thoroughly up-to-date work on the practice of medicine. . . . We commend it to all as one of the best text-books on the practice of medicine in the English language."—*Brooklyn Medical Journal*.

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**GYNECOLOGY**—Medical and Surgical Outlines for Students and Practitioners. By HENRY J. GARRIGUES, A. M., M. D., Gynecologist to St. Mark's Hospital, New York City; Consulting Obstetric Surgeon to the N. Y. Maternity Hospital; Consulting Physician to the N. Y. Mothers' Home and Maternity; etc., etc. 8vo, cloth, pp. 461, with 341 illustrations. J. B. Lippincott Co., Publishers, Philadelphia and London, 1905.

This most excellent comprehensive and fully up-to-date work was written especially for students in medical schools and such general practitioners as desire to make themselves proficient in the essentials of modern gynecology. Minor operations, which the general practitioner is likely to undertake, are described in detail; and the chief features of the major ones, such as those requiring a master hand and well-versed specialist, are practically set forth.

It is a most valuable production, and will supply an important field for those who have not the opportunity of resort to the larger works.

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**MANUAL OF PSYCHIATRY.**—By J. ROGUES DE FURSAC, M. D., formerly Chief of Clinic at the Medical Faculty of Paris. Authorized translation from the French by A. J. ROSANHOFF, M. D., Junior Assistant Physician, L. I. State Hospital, Kings Park, N. Y. Edited by JOSEPH COLLINS, M. D., Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School; Physician to the New York City Hospital; Neurologist to the Montefiore Home for Chronic Invalids; etc., etc. Large 12mo, 352 pages. Price, cloth, \$2.50. Publishers, John Wiley & Sons, New York, 1905.

We have long wanted just such a work as this. Comprehensive, concise, thoroughly practical, and not too voluminous. It is most admirably suited to the general practitioner of medi-

cine and the student, and we can most heartily commend it. It is divided into two parts; the first treating of general psychiatry and comprising a study of the symptoms, causes, and treatment of mental disorders, considered independently of the affections in which they are encountered. The second part is devoted to special psychiatry — the study of the individual psychoses. The larger part is devoted to general psychiatry, so far as the limits of the work permit. The Kræpelin method of classification seems to be followed. The translator has followed closely the text of the French original, some slight changes, however, being found necessary. His notes throughout the work are enclosed in brackets.

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#### AMERICAN EDITION OF NOTHNAGEL'S PRACTICE.

DISEASES OF THE BLOOD (*Anemia, Chlorosis, Leukemia, Pseudoleukemia*). — DR. P. EHRLICH, of Frankfort-on-the-Main; DR. A. LAZARUS, of Charlottenburg; DR. K. VON NOORDEN, of Frankfort-on-the-Main; and DR. FELIX PINKUS, of Berlin. Entire volume edited, with additions, by ALFRED STENGEL, M. D., Professor of Clinical Medicine, University of Pennsylvania. Octavo volume of 714 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, \$5.00 net; half morocco, \$6.00 net.

This volume on Diseases of the Blood is the ninth in Nothnagel's Practice to be published in English. It includes Anemia, Chlorosis, Leukemia, Chloroma, Pseudoleukemia, and each condition is treated so exhaustively and the theories discussed so carefully that the work will remain the last word on the several subjects for many years. Dr. Alfred Stengel, under whose excellent supervision the entire series is being issued, is also the individual editor of this volume. His wide experience and recognized ability as a clinician, and his valuable work concerning the histology, both normal and pathologic, of the blood, renders this volume of unusual interest. His additions are particularly frequent in the article on Anemia. When this series is completed,— and the publishers assure us that the three remaining volumes will shortly appear,— it will undoubtedly form the best practice of medicine in existence, expressing the opinions of the highest German and English speaking authorities.

THE EYE, MIND, ENERGY, AND MATTER.—By CLARENCE PRENTICE, M. D., of Chicago, Ill. Published by the author. 12mo., cloth. 1905.

This is a series of chapters dealing to some extent with practical matters in a somewhat metaphysical manner. There are some points in its 131 pages that are well worth reading, although we cannot endorse all the various views presented. In Chapter 6 he claims that Drunkenness is a nervous disease, and that he has discovered a cure by the use of eye-glasses. He has some very practical views on Consumption; however, we cannot endorse them all. It will unquestionably interest an investigating reader, although some of the views enunciated seem rather far fetched.

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INTERNATIONAL CLINICS, a Quarterly of Illustrated Clinical Lectures and especially prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Dermatology, Ophthalmology, Otology, Laryngology, Rhinology, Hygiene, and other topics of interest to Students and Practitioners, by leading members of the Medical Profession throughout the World. Edited by A. O. KELLEY, A. M., M. D., of Philadelphia. 8vo cloth, pp. 312. Vol. I. Fifteenth Series, 1905. J. B. Lippincott Co., Publishers, Philadelphia and London. Price, \$2.00.

This splendid serial publication with its 1st volume of its fifteenth series comes to us with all its excellent qualities of preceding issues greatly enhanced. The articles are of the highest class, comprehensive, instructive, and most interesting throughout. It comes to us with three splendid articles on Treatment, five on Medicine, five on Surgery, three on Neurology, one on Obstetrics, and 115 pages giving the Progress of Medicine during 1904 by Dr. A. M. Stevens. The excellent article on Skin Grafting in Extensive Burns, by Archibald Young, M. B., C. M., B. Sc. (Glasgow), is well worth the price of the volume alone, to say nothing of the other very valuable and practical material contained therein.

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A TEXT-BOOK OF MEDICAL CHEMISTRY AND TOXICOLOGY.—By James W. HOLLAND, M. D., Professor of Medical Chemistry and Toxicology, and Dean, Jefferson Medical College, Philadelphia. Octavo volume of 600 pages, fully illustrated, including 8 plates in colors. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, \$3.00 net.

Dr. Holland possesses the faculty of making even the most difficult and complicated chemical theories and formulæ easy and clear. This is probably due to his thirty-five years of practical experience in teaching chemistry and medicine. Recognizing that to understand physiologic chemistry students must first be informed upon points not referred to in most medical text-books, the author has included in his work the latest views of equilibrium of equations, mass-action, cryoscopy, osmotic pressure, dissociation of salts into ions, the effects of ionization upon electric conductivity, and the relationship between purin bodies, uric acid, and urea. Chemical substances he has treated from the stand-point of the medical student and physician, giving much more space to Toxicology than is given in any other text-book on chemistry. The chapters on the clinical chemistry of milk, gastric contents, and the urine, and that on water supply and filtration are full of practical information. Dr. Holland's work will undoubtedly be gladly received by the profession, presenting as it does the mature experience of a practical teacher.

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*Selections.*

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TREATMENT OF MENSTRUAL DISORDERS.—The connection between disorders of menstruation and disorders of the brain and nervous systems has long been an established fact. The dependence of the psychic functions of women upon the menstrual function; the effects of the menopause upon mentality, are all subjects that have received the attention of clinicians for many years. It is a well-known fact, correlated to the peculiar connection between the mind and the sexual apparatus, that amenorrhea is not infrequently met with in the insane. The problem as to how to treat insanity is one of the most difficult in therapeutics; and in the modern conception of this treatment all agents that tend directly or indirectly to further the equilibration of the mental functions have a legitimate place.

One of the most difficult phases of this problem is the treatment of the menstrual disorders in insane women, and the importance of correcting any such disorders in this class of patients is realized by all who are aware of the fact noted by numerous clinicians, that the improvement of the menstrual function leads to a marked amelioration in the mentality of these patients in very many instances.

In an institution like the hospital with which I am connected, we naturally come face to face frequently enough with the question of treating the amenorrhea that is noted as an accompaniment of mental disease, and for a long time I have been experimenting with various therapeutic agents recommended for the treatment of menstrual disorders without obtaining perfect satisfaction from any, until I tried the method of treatment which I am about to describe.

What I was looking for was a safe and efficient emmenagogue which gave positive results in cases of amenorrhea, dysmenorrhea, and suppressed menstruation, without either exciting or depressing the patient, without causing any disturbances on the part of the digestive tract, or the urinary tract, such as are met with in the use of most of the remedies classed as emmenagogues.

I knew that Apiol, the active principle of Apium petroselinum, Linne (Parsley), was a substance that had been long known to possess marked emmenagogue properties, but that had not been used extensively in this country on account of certain unpleasant after-effects connected with its administration. On investigation, I found that Apiol was first isolated by Joret and Homolle in 1855, and was at first recommended for malaria, as a substitute for that specific of specifics—quinine. Later its emmenagogue virtues became known, but it found far less favor in this country than in France, the American physicians being especially prone to reject any remedy that has disagreeable after-effects. Apiol seemed to me the ideal emmenagogue, and I was even tempted to try it, administering it in some way as to neutralize its irritant action, when I came across a statement in an article on the subject, to the effect that the

Apiol of the market, no matter where purchased, was full of a series of impurities, and that the bad after-effects of this drug were due to these impure elements.

The ordinary Apiol of commerce, it seemed, was simply a mixture of impure principles obtained from parsley by extraction. The question was, therefore, to obtain such a preparation of Apiol as would eliminate the impurities that do the harmful work of the ordinary preparation. A number of chemists in various countries have tried to purify Apiol with varying success, but finally, within the last few years, a pure product was obtained. It seems that the preparation which contains the purest product obtainable, which was prepared by the new process mentioned, is a pharmaceutical compound known as Ergo-Apiol (Smith). Seeking, as I said, a preparation of Apiol which would give satisfactory results in amenorrhea, dysmenorrhea, and suppressed menstruation, especially in the insane, and that would not produce any undesirable after-effects, I determined to try Ergo-Apiol (Smith), a liquid substance dispensed in gelatin capsules, which contains the pure Apiol described above, and in addition to a combination of emmenagogues that immediately appealed to me as calculated to enhance the efficiency of the whole remedy, namely, ergot of rye, oil of savin, and aloin.

I selected a series of cases in the hospital, each of which was characterized by a more or less pronounced menstrual disorder of some standing, and administered no other medication for the treatment of the disordered menstruation than Ergo-Apiol. I cite, in illustration, three cases in which the remedy in question was employed. They are only examples of the experience I had with it.

*Case 1.*—Miss V. F. Aged twenty-one years. Was admitted June, 1901. She said that she had not menstruated for nearly a year, and attributed her suffering in body and mind to this fact. She was despondent, and on the verge of committing suicide. The reflex effects of the uterine disturbance were also manifested by the derangement of function in nearly all the organs. There was entire loss of appetite, and a practical cessation of digestion, accompanied by pain after eating. In October,

1901, I began to give her two capsules of Ergo-Apiol (Smith) three times a day until after her expected periods, without any effect. During the month of November I gave her two capsules three times a day, and continued the treatment until December 12, 1901, when her menstruation returned in a perfectly normal manner. No unpleasant after-effects were noted at any time during this treatment. She improved both mentally and physically during the time of taking this emmenagogue, and her condition was so remarkably ameliorated that she was discharged cured when the menstrual function had been re-established.

*Case 2.*—Miss M. B. S. Aged twenty-four years. Has been suffering from amenorrhea for a year, which persisted in spite of all treatment. She was melancholy, and had a very poor appetite and other disturbances due to her suppressed menstruation. In November, 1901, I began giving her two capsules of Ergo-Apiol (Smith) three times a day. I continued this treatment without any appreciable effect, except that the patient seemed to feel more comfortable, and at certain times during the month she experienced the subjective sensations accompanying the onset of menstruation. Finally, her menses returned on April 21, 1902. The menstruation was perfectly normal. One week before the next succeeding period I gave her two capsules of Ergo-Apiol (Smith) three times a day, and when the time came for the onset of the flow it appeared in a normal manner. The remedy was continued in doses of one capsule three times a day while the flow lasted. Since the re-establishment of her normal function the patient has gained both mentally and physically, and regained her mental balance and her usual cheerfulness, so that she was discharged cured.

*Case 3.*—Miss L. D. C. Aged fifteen years. A girl of fine physique, who had first menstruated at the age of nine years, but always very irregularly. The menstruation disappeared for a year and then returned. When admitted she was very irregular, with a scanty flow that lasted but one day, and was accompanied by severe pain in the head, loins, and pelvis. A week before her expected period in January, 1902, I began giving her one capsule of Ergo-Apiol (Smith) three times a day. At the

end of one week her menstruation returned, and lasted four days, the flow being normal in amount and accompanied by very little pain. The same treatment was pursued in February, with similarly good results, and from that time on the function was fully established and remained so. There was a marked improvement in both physical and mental condition, and she was discharged from the hospital cured.

From my experience with Ergo-Apiol (Smith) and from the experience of a number of other observers, whose findings are published in the literature of the past few years, this remedy represents an emmenagogue of the highest type of efficiency, combined with the inestimable advantages of safety, trustworthiness, and absence of any unpleasant after-effects. It is probable that Ergo-Apiol owes its efficiency to the particular type of Apiol that it contains, the pure product from which all irritating and injurious impurities have been removed. But it is unquestionably also the accessory remedies which enter into the combination that contribute to the efficiency of the whole. Ergo-Apiol was easily and agreeably taken by all the patients to whom I administered it, and in no case was there any nausea, eructation, or any other gastric disturbance. Unlike most other emmenagogues, it requires only small doses continued for a comparatively short time to bring about the desired therapeutic effects. Ergo-Apiol (Smith) has not only a stimulating effect upon the menstrual function in amenorrhea, but also a tonic effect upon the muscle fibers of the uterus, for after it has been administered for a few months, the uterus is almost always able to resume its function without any further aid from external sources.

In conclusion, I may note the fact that the treatment of amenorrhea in the insane is always a matter of greater difficulty than in persons with normal minds, and that a remedy that produces perfect therapeutic results, such as I have noted with Ergo-Apiol (Smith) in insane women, may be expected to perform the same services even more promptly in the average case of amenorrhea as met with in ordinary family practice. This is proved conclusively in the numerous cases reported by various

observers who employed Ergo-Apiol (Smith) in menstrual disorders, and a partial list of whose publications appear in the annexed bibliography. Ergo-Apiol in the shape of capsules administered three times daily in doses of one or two, beginning a little before the expected menses, and continuing through the period, has proven the most efficient, prompt, safe, and pleasant emmenagogue that I have ever employed. My experience with the drug was such as to lead me to adopt it as a routine treatment in amenorrhea.—*Geo. S. Walker, M. D., of Staunton, Va., First Assistant Physician in Charge of Female Department, Western State Hospital, Va., in Brooklyn Medical Journal.*

CANCER OF THE BREAST.—Rodman, in the *British Medical Journal*, says: "Cancer is not only increasing in frequency, but occurs in the young and in races previously immune. The prognosis is less favorable in the young as the lymphatics are more numerous. An early diagnosis is imperative, but in 9 per cent. of all cases it cannot be made clinically. When the malignancy is in doubt, a complete operation should be arranged for. Cancers of the sternal hemisphere are more frequent than is thought, and their prognosis is worse. Recurrences being usually in the skin, its removal cannot be too free. Skin grafting is often necessary. Both pectoral muscles (major and minor) should always be removed, so that all diseased tissues can be taken away in one piece. The supra-clavicular glands should be removed if palpable. Wounds of the axillary vessels are infrequent when the muscles are removed. Of 24 resections of the axillary vein, none were fatal. Drainage should always be made. Volkmann's three-year limit is insufficient, and should be extended to five years. The operative mortality of 2,133 operations was 9 per cent. Radical operation, if early, should give more than 50 per cent. of cures."

"Handley calls attention to certain defects in the operation for mammary cancer. Since the growth spreads along the deep fascia, and not along the skin, it is unnecessary to remove so large an area of skin as to prevent complete suturing of the wound. The deep fascia, on the other hand, should be removed

in a downward direction as far as a horizontal line running three inches below the tip of the ensiform cartilage. Every particle of the origin of the great pectoral should be removed from the rectus sheath. He also recommends a modified curved incision, so as to prevent pulling open of the wound."

**OSMIC ACID INJECTION FOR RELIEF OF TRIFACIAL NEURALGIA.**—Neuriter was the first to use osmic acid for the relief of trifacial neuralgia, conceiving the idea from the fact that osmic acid had a special affinity for the medulla of nerves as a stain. John B. Murphy (*Journal of the American Medical Association*, Oct. 1, 1904) treated three cases of neuralgia by daily injections of four to six drops of a 1 per cent. solution of osmic acid over the nerve at the site of pain. Two of the cases were afflictions of the fifth nerve, and both experienced complete relief for a short time, but had recurrence of the trouble. In the third case, involving the sciatic nerve, the relief was permanent.

Very slight reaction followed the injection of the acid, and no necrosis of tissue and only slight swelling and edema followed. There was no paralysis. Jacobson has treated eighteen cases of neuralgia, with subcutaneous injections of 1 per cent. osmic acid. Of these eight were cured, two improved, and eight not cured. J. Mercer also reports good results from deep injections between the tuber ischii and the trochantor major in sciatica. B. M. Schapiro treated eight cases of trigeminal neuralgia, of which five were cured, two improved, and one unimproved. W. H. Bennett treated twelve cases, all of them obstinate and some of long standing. He laid the nerves bare by a short incision, and injected 10 to 15 m. of the solution (1 per cent.) into the nerve trunk, changing the position of the needle three times. Symptoms were alleviated in a few hours, and disappeared within a few days. There was slight recurrence in but two cases.—*Am. Practitioner and News.*

**SIMPLE ULCER OF THE STOMACH AND ITS SURGICAL TREATMENT.**—J. J. McGrath reviews the subject of gastric ulcer, and discusses the various operations possible for relief from the condition. The most satisfactory of these is usually gastro-ente-

rostomy, which is curative in its effects, and when properly performed by competent surgeons on patients not too greatly reduced through inanition and hemorrhage, should be almost devoid of fatalities. It is to be hoped that the intractable and persistent cases of gastric ulcer will come into the hands of the surgeon while there is still good promise of cure without undue risk of a fatal issue.—*Medical Record, April 22, 1905.*

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ERYSIPelas WITH AN EXCESSIVE PRODUCTION OF FIBRIN.—

R. Floyd's patient was a coachman, 38 years old, who, in addition to the usual lesions of erysipelas, exhibited an exudate of fibrin so excessive and so disposed as to constitute a croupous inflammation presenting the same essential characters as a croupous colitis or a croupous inflammation of the throat. The man presented symptoms of an ordinary erysipelas of the hand and forearm, until, on the seventh day, vesicles began to form. These became confluent bullæ, extending over the dorsum of the hand and the lower half of the forearm. On removing their epidermal covering, a layer of fibrinous false membrane, varying in thickness from  $\frac{3}{8}$  inch to  $\frac{1}{6}$  inch and less, was revealed. On the thirteenth day the erysipelas was practically over, though convalescence was retarded by the slow healing of an ulcer on the back of the hand and wrist.—*Medical Record, April 22, 1905.*

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CASE OF SUTURE OF THE HEART, WITH RECOVERY.—Francis T. Stewart reports this case. The patient was a colored man 20 years of age. He was stabbed, the knife having wounded the heart. The writer, after exposing the wound, closed it with a continuous silk suture. Afterward the pericardial wound was sutured, a small opening being left for a gauze drain. On the 35th day the patient was allowed out of bed. The writer appends a table of reported cases. The dangers of the drain are the same in these cases as elsewhere— infection and adhesions. Of the 22 cases in which the pericardium was drained, two died within a few hours, and of the remaining 20, 10 (50 per cent.) recovered.

Of the 15 in which the pericardium was closed without drainage, one died in fifteen minutes, and of the remaining 14, 7 recovered. The question may still be regarded as an open one. Of the 23 cases that recovered after operation, 11 are known to have been complicated with some form of infection. In only one case is uncomplicated recovery stated.—*Amer. Jour. Med. Science.*

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THE PRESENT STATUS OF BLOOD EXAMINATION IN SURGICAL DIAGNOSIS.—F. Sondern states that the differential leucocyte count offers a better guide to the status of an inflammatory process than the absolute leucocytosis. Three distinct blood pictures may occur in inflammatory lesions. First, a relative percentage of polynuclear cells below 70, with an inflammatory leucocytosis of any degree, excludes the presence of pus at the time the blood examination is made, and usually indicates good body resistance toward infection. Second, an increased relative percentage of polynuclear cells, with little or no inflammatory leucocytosis, is still an absolute indication of the inflammatory process, and the percentage is a direct guide to the severity of the infection. Third, an increased relative percentage of poly-nuclear cells, with a decided inflammatory leucocytosis. Here the percentage of polynuclear cells is an accurate guide to the status of the inflammatory lesion. Iodophilia is less reliable as a test of the presence of suppuration than is the differential count.—*Medical Record*, March 25, 1905.

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ACUTE POSTERIOR PERIURETHRAL ABSCESS.—F. C. Walsh says that the diagnostic symptoms of this complication of gonorrhœa are, a history of the disease, pain, generally intense, located deep in the perineum, cystitis, and painful, frequent micturition, constipation, with painful defecation, septic temperature, and extreme restlessness and anxiety. Rectal and perineal palpation elicit localized pain. The urethral discharge is usually slight, but always contains gonococci. Prompt treatment by incision and drainage is necessary, and the steps of this are described.—*Medical Record*, April 22, 1905.

LABORATORY DIAGNOSIS OF SMALLPOX.—R. L. Thompson, St. Louis (*Journal A. M. A.*, April —), comments on the difficulties in the early diagnosis of smallpox and suggests the use of laboratory methods. A rapid method of paraffin imbedding recently described by Henke and Zeller is recommended by Thompson as specially available. It consists in using snippings from the lesions by fixation in pure acetone for from three-fourths to one and one-half hours and then directly transferring them to paraffin at 56° C. The subsequent treatment is that of any paraffin material; applying with the dropping bottle successively, xylol, absolute alcohol, thin celloidin, 95 per cent. alcohol, and water to the sections and then using the hermatoxylin-eosin stain. The whole process requires about three hours, and the specific skin lesions and smallpox bodies can be observed. He considers that by this method fewer mistakes will be made by a microscopist of reasonable skill in smallpox diagnosis than in the ordinary microscopic tumor diagnosis.

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SUCCESSFUL USE OF DIPHTHERIA ANTITOXIN IN GOITER.—R. T. Legge, McCloud, Cal. (*Jour. A. M. A.*, April —), reports a case of typical exophthalmic goiter in which the patient, while suffering from a diphtheritic attack, was treated with antitoxin with the usual good results. Besides these, however, there was a gradual disappearance of the goiter and of Graves' disease of eight years' duration. A year has since elapsed with no return of the symptoms. Following the suggestion of this experience, Legge has since experimented with antitoxin in two cases of goiter, one of the simple form and the other of typical Graves' disease, with like good results. He remarks that if these cases are not simply coincidences, the matter is one which will bear further investigation.

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BILE TRACT ADHESIONS.—R. T. Morris says that the new subject of bile-tract adhesions is destined to awaken the medical profession as we were never awakened by the subject of appendicitis. The condition is very common, and gives rise to symptoms

of local tenderness, pain, and colic that are often mistaken for gall-stone disease. The treatment is operative separation of the web of adhesions, and prevention of their recurrence by the application of either chromicized Cargile membrane or of arisanol to the roughened peritoneal surfaces. Removal of the gall-bladder is to be recommended. The operation is usually almost startling in its success, but care in diagnosis is necessary to avoid needless intervention. The diagnosis and treatment of these cases opens up a new vista, and biliary adhesions stand in abundance midway between the thoroughly understood adhesions of the pelvis and those of the cecal region.—*Medical Record*, March 25, 1905.

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EXCESSIVE OR OFFENSIVE PERSPIRATION.—The most frequent form of this trouble is local in nature, and affects the axilla, parts about the genitalia, the feet, the palms of the hands, etc. The sweat may have only the odor of the affected part, or it may have an offensive odor peculiarly its own. Bathing once or twice a day with a solution of formaldehyde, a dram to the quart, will promptly cure the trouble.—*Med. Summary*.

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A READY CONTACT METHOD FOR TESTING URINE.—P. M. Vise dips a pipette into the urine for one third its length, covers the top with the finger, wipes the soiled end dry, and lowers the instrument for two thirds its length into the reagent, which consists of one part of nitric acid and five parts of a cold saturated solution of magnesium sulphate. If albumen is present, the usual contact ring will be formed.—*Medical Record*, April 22, 1905.

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Is COCA SUPERIOR TO THE BROMIDES?—This is one of the many coca problems which it is impossible to answer briefly, and which, indeed, can at best be answered only by comparison of therapeutic action of the two drugs. All admit that the bromides lessen functional activity of the central nervous system, and diminish the reflex functions of the spinal cord. Just how this is brought about is not conclusively proved. Coca

therefore has an equal right to a consideration of its known therapeutic effects.

Substances which act to lessen functional activity of the nerve centers first stimulate those functions before depression. There are many familiar examples, as opium, alcohol, and the anesthetics. The particular beneficial influence of coca in nerve derangement is in the exhaustion of nervous functions. The bromides are depressant, and to employ them in cases of nerve exhaustion would be similar to depriving a starving man of nutriment. The best that can be said of the bromides is that they are useful in morbid irritability or peripheral irritation, not in nervous exhaustion. Coca, on the other hand, may be compared to a food to the tissues. It acts upon the nerve centers as a stimulant, as an antispasmodic, and as a depurative.

Coca increases the power of the higher centers to inhibit the overexcitement of lesser centers. It increases the nutrition of the centers through the stimulation of elimination of tissue waste, thus tending to prevent spasm. The stimulating influence of coca is upon the brain, spinal cord, muscles, respiration, circulation, and excretion. The bromides, as well as allaying peripheral irritation, always occasion marked depression both during and after their administration.

Of all coca preparations, the well-known Vin Mariani is without doubt the best, as having given uniform satisfaction to the profession. Coca appears to balance the several forces which constitute energy, and thus its calmative action is not followed by depression. Dr. Mantegazza, many years ago, urged the employment of coca as a sedative in spinal irritation, in idiopathic convulsions, in nervous erethism, and, in large doses, to allay spasm in hydrophobia and tetanus. It has a wide and important field of usefulness.—*Coca Leaf, January, 1904.*

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### Original Communications.

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#### ORIGIN AND TREATMENT OF MALIGNANT GROWTHS.\*

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BY PAUL F. EVE, M. D., NASHVILLE, TENN.

GENTLEMEN OF THE TENNESSEE STATE MEDICAL ASSOCIATION: I desire to express my great appreciation for the high honor conferred, by electing me President of this Association. As one born and bred among you, I shall ever esteem it as one of the happiest occasions of my life.

Without doubt this Association has had much to do in developing us as physicians and surgeons. By the exchange of ideas, it has shaped our professional career and spurred us on to new activities, the acquisition of knowledge, and in detect-

\*President's Annual Address, delivered at the 72nd annual meeting of the Tennessee State Medical Association, Tuesday, April 11, 1905.

ing errors; causing us to escape the by-paths of ignorance and superstition. When we reflect upon the beginning of this Association, it is gratifying to note its progress and influence. As water never rises above its level, so it is equally true that no man rises above his ideals. Associations are therefore but the coming together of men, and how thankful should we be, to know that those who began this Association had their ideals high and were determined to place it upon a lofty eminence of professional merit and honor.

A large number of these worthies have fallen asleep, but their inspiration and character have been caught and reflected by those who have followed them, and to-day we see the seed that was planted not only budding, but blossoming.

This Association originated in the year 1830, in the Capital City of the State, and its members could easily be accommodated in a small room; now, however, it has increased to such proportions, that having adopted at its last meeting in Chattanooga, the rules and regulations of the American Medical Association, it will in my opinion have to be subdivided into sections, so as to carry the work systematically forward. Therefore one of the duties devolving upon this Association is to devise plans looking toward this end.

It has been the time-honored custom for the retiring President to select a medical or surgical subject, I therefore call your attention to the *Origin and Treatment of Malignant Growths*.

We recognize two varieties: one of the epithelial type of cells known as carcinoma; the other of the endothelial variety, or connective tissue cells, known as sarcoma. Both of these in many respects present clinical features very much alike, such as an intrinsic tendency to destroy life, rapid growth, recurrence after removal, and secondary growth in various portions of the body, partaking of the same characteristics as the original growth. To account for this condition we are met with two contending views, neither of which is accepted by some members of the profession, they being still in the labyrinth of doubt, blindly groping for its cause.

One of the theories is that cancer is due to parasitic origin,

and some of those who contend for this cause, tell us they have discovered and isolated such a parasite; and reasoning by analogy, which at first sight seems plausible, demand an acceptance of their views. Does a parasite exist? Has demonstration been fully made? So far, I am sorry to say, the proof of this assertion has been very meager, and like the doubting Thomas we will not believe, until met by convincing testimony and unerring truth.

I am very much more favorably impressed by the other theory, which bases the origin of cancer upon cell proliferation. In carcinoma, we are told that we first have a local infection, that these cells then travel by the lymphatics, reaching the neighboring lymphatic glands, constituting regional infection, and lastly having gained entrance directly into the blood current, form tumor emboli, resulting in general infection.

That this condition does exist is abundantly proven by microscopic examinations, as these cells have been found disseminated in every portion of the body when general infection occurs.

In sarcoma, we first have a local infection of connective tissue cells, and afterward, when general infection occurs, which takes place through the circulation, secondary deposits occur in various portions of the body. It is a well-known fact that the round cell or mixed cell sarcoma produces death in a much shorter time than carcinoma, and we can explain this from the fact that the cells of carcinoma travel first through the lymphatic system and afterward by the blood-vessels; while the cells of sarcoma, traveling directly through the blood current, reach the various parts of the body more rapidly.

My views upon the subject of carcinoma cannot be better expressed than by quoting from an article which recently appeared in one of our medical journals, and from which I cull the following:—

"The origin of cancer cells from preformed epithelium can be recognized with most certainty in the young cancers. A strong support for the conclusion that all cancer cells originate in regular succession (by inheritance) from preformed epithelium is supported by the secondary cancers of this kind, for they demon-

strate, by the innumerable mitoses which the cancer cells show, how vigorously these multiply, so vigorously that the entire growth of these secondary growths can in this way be entirely explained. They demonstrate in the beginning by the appearance of the first cancer cells in the lymph spaces of the lymphatic glands, by the presence of cancer cells in blood-vessels, that detached cancer cells represent the foundation, the starting point, of new cancerous nodules. Of very special importance for the assumption that all the cells of a secondary cancer have arisen from detached cells of an already existing cancer, is the suppression of the local cells at the point of the new growth. All of which goes to prove that the epithelial cancer cells form the essential element of the cancer, they not only forming the most important, but the only important element.

"In order to produce pus, or tuberculosis, etc., it is sufficient for the pus cocci, or tubercle bacilli to reach suitable media; to bring about a secondary cancer, it is absolutely necessary that the cancer cells from the primary, or a similarly created secondary tumor shall reach the particular spot, and there continue their growth. If it had been possible to produce tuberculosis only through the medium of tubercular tissue, then it could never have been proven that tuberculosis is caused by the tubercle bacilli."

Finally, as a conclusion, he sums up the whole matter in these words: "No one up to the present time has produced proof that a carcinoma is of parasitic origin, and there is no necessity to assume a parasitic etiology in carcinoma."

If it is possible to arrive at a definite cause for cancer, then there is every reason to believe that curative treatment will be discovered. For years treatment has been conducted upon empiricism, the results of which have been anything but gratifying. In recent years some advancement has been made in this line, and we all acknowledge that by operation (when there exists only local infection or even regional infection), if all of the diseased structures are removed there will not be a return and our patient will be entirely relieved. Unfortunately for the surgeon, he is fallible and cannot tell, except by results, as to when this

condition has been accomplished. Again, there are numbers of cases where the skin is so much diseased that it is impossible to save enough to cover the wound. Skin grafting has been employed to make up this deficiency, and while in some cases the results have been satisfactory, in the majority the cancer has reappeared and general infection resulted. When this last condition appears and the internal organs are involved, hope is abandoned and death finally comes.

Assuming that this disease is due to cell proliferation, if we can in any way check or change these cells, we have the promise of an ultimate success and recovery.

About two years ago I operated upon a lady for schirrus mamma, with involvement of the neighboring glands. A very complete operation was made and every vestige of the disease, so far as could be discovered, removed. Her recovery seemed complete in every respect, and I flattered myself that there would be no return of the disease. Four months after the operation, she returned with a re-appearance in the scar tissue. A second operation was performed, consisting of curetting the diseased structures. The patient was subjected to treatment by the X-ray for four weeks. At first improvement was noticed, but at the end of the third week the wound looked very unhealthy, and at the end of another week the patient returned to me, appealing, as all those unfortunate cases do, for some means to save her life. The appearance of the ulceration was foul and fungous, and every indication pointed to general infection and a speedy death.

I commenced to treat this wound with balsam Peru, after first irrigating with bichloride of mercury, 1 to 3,000. After the first few days, the unpleasant odor ceased, and I was surprised to notice a decided change, and granulations of a healthy nature springing up in the wound. This treatment continued for five weeks, with an occasional touching up of the granulations with the solid stick of nitrate of silver. At the end of this time the wound was entirely healed and the patient looked the picture of health. I had the pleasure of seeing this patient a short

time ago. There is not the slightest evidence of any recurrence, and the lady is in excellent health.

Since this case, I have had quite a number of other cases, which have been treated in a similar manner. Improvement has been marked in every instance, and the ulcerations from a foul and fungous condition have assumed healthy granulations, healing occurring slowly but effectually. You will pardon me if I cite two more cases before closing.

A gentleman 67 years old, with carcinoma of the right cheek. The growth had been removed before I saw him, but had returned. I curetted the diseased structures, the patient then taking treatment by the X-ray. At the end of six weeks, not only did the ulceration of the cheek show but little improvement, but a secondary glandular tumor occurred back of his ear. I removed this glandular carcinoma, but on account of diseased skin, could not obtain sufficient integument for a covering.

Three days after the operation, both wounds of cheek and back of the ear were treated with balsam Peru. Improvement was noticed a few days later, the foul odor entirely disappearing. Granulations of a healthy character soon occurred, and after ten weeks' treatment, the wound healed kindly, no reappearance has occurred since, and the patient, so far as I know, is in excellent health.

A gentleman, twenty-six years old, with sarcoma of the right foot. This tumor had been removed twice before he came under my treatment, and had reappeared for the third time in the scar tissue. The growth was about the size of a lemon. Upon removal, I could not obtain sufficient skin for covering. After the second dressing the wound looked foul and fungous. Treatment by the balsam Peru was instituted, granulations of a healthy condition soon appeared, and at the end of eight weeks the wound was entirely healed.

I fully realize that a sufficient time has not yet elapsed to demonstrate conclusively a proof of this treatment; yet the many excellent results obtained thus far have emboldened me to bring this treatment before the profession for their investigation and trial.

My view in regard to it is that the balsam Peru exerts some influence upon the cancer cells, thus changing them into mature cells. If this theory is correct, then there is not the shadow of doubt, that both carcinoma and sarcoma are due to cell proliferation.

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### EPITHELIOMA OF THE SKIN.

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BY J. M. KING, M. D., OF NASHVILLE, TENN.

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WHEN we consider particularly the clinical features of this disease, it should be presented under four heads: 1, The Superficial or Flat Epithelioma; 2, The Papillomatous; 3, The Tuberular or Deep Seated; 4, Rodent Ulcer. While practically the tissue changes are the same in all four types, with slight exceptions, the clinical features differ somewhat more widely. According to the microscopical appearance there would be but two types, the lobular and the cylindrical.

Typical epithelioma of the first three forms most frequently begins at a muco-cutaneous junction, but may begin on a mucous surface or on the free skin. The dermatologist most often meets with it on the lips, nose, and eyelids, or somewhere on the face. Rodent ulcer most often occurs on the free skin surface of the upper part of the face.

Primary epithelioma is usually single, but secondary on the skin from epithelioma of the stomach and other organs may be multiple or unlimited in number.

I shall now consider briefly the beginning and early appearance of each type before ulceration to any great extent has taken place.

1. The superficial or flat epithelioma may begin in several ways, as a firm, pearly looking papule of small size, or as a simple wart or mole, as a small keratosis, as a crack in the skin; and on the lip it may commence as a small abrasion, crack, or small papule. The papular lesion on the skin becomes scaly and enlarges vertically and peripherally. At first it is movable with the skin, but finally it becomes adherent to the subjacent

<sup>2</sup> Read at reg. meeting of Nashville Academy of Medicine, Tuesday, May 9, 1905.

tissue, and ultimately, within months or years, it breaks down and ulcerates in a characteristic form.

The wart or mole becomes red, tender, and painful; finally the surface breaks and bleeds, and becomes covered with bloody crusts. This process continues, and is followed by ulceration.

The crack in the skin or on the lip, oozing from the start, becomes covered with crusts, which are easily removed and readily reform; finally the characteristic ulcer develops. For some years the disease in these superficial forms is limited to the corium, because of the very slow proliferation of the epithelium and the strong resistance offered by the fibrous layers of the corium; but in time it breaks this barrier and enters the subjacent tissue and develops the deep-seated variety, with lymphatic involvement, etc.

2. The papillomatous variety, which is considered by Crocker as superficial, differs from the flat variety in that it presents a more elevated, ulcerated, fissured, and warty-looking surface, this appearance being produced by a greater development of the papillæ of the skin. This variety may begin in a warty growth, or may arise from the flat or deep-seated variety. In its slow growth from either source it usually becomes elevated above the surface, is red, with uneven surface, or may be pedunculated. Finally the subjacent tissue becomes involved, the deep-seated variety is established, and lymphatic involvement follows.

3. The deep-seated epithelioma may begin as a nodule located in the corium or subcutaneous tissue; or it may arise from the other two varieties and from lupus vulgaris. When it begins as a nodule, this increases in size in all directions, the covering over it is elevated, and becomes red and covered here and there with dilated capillaries. After a few months, when it has reached the size of a cherry or larger, it breaks down and ulcerates. This variety progresses more rapidly than either of the other two, and lymphatic glandular involvement ensues more quickly.

4. Rodent ulcer begins as a small, flat-topped nodule with dilated capillaries coursing over it, and it may remain in this condition for years before breaking down and ulcerating. The

continental authorities consider rodent ulcer as epithelioma, but the English investigators do not consider it a typical form of this pathological lesion; while Stelwagon and other Americans treat of it as epithelioma. In evidence that it is not epithelioma, Crocker states that the lymph glands are never involved unless typical epithelioma is engrafted upon it, as is sometimes the case.

Sooner or later all the varieties ulcerate, and in the majority of cases ulceration has taken place before the attention of the physician is called to it. The diagnosis then rests upon the recognition of the type of ulcer, together with its history and location and a microscopical examination. We should, then, possess a mental picture of these different forms of ulceration, in order to make a diagnosis from the clinical appearance.

In the typical, shallow, epitheliomatous ulcer the growth of the epithelium is very slow, the ulceration is chronic, the ulcer is slightly depressed and usually covered with crusts, which are easily removed, leaving a red, granular base, which readily bleeds upon disturbance, and is bounded by an elevated, firm, roll-like border, and sometimes this border has a whitish, pearly appearance, due to the crowded round-cell infiltrates shutting off the blood flow.

The deep variety is somewhat more rapid in its ulceration on account of the epithelial development, the essential process, being much more rapid. The epithelium, in this as in other varieties, from the epidermis or glands of the skin, penetrates the normal tissue in the form of lobules or cylinders, grows rapidly, producing the inflammatory process which results in the continued ulceration. The border of the ulcer is more everted than elevated, but some parts of the edges may be undermined and ragged on account of greater resistance of the integument. The base is irregular, lobulated, or papillomatous. The products of inflammation are too excessive to allow the formation of crusts. Usually the discharge is sanguineous, but in some cases, probably on account of secondary infection, there may be a heavy flow of pus. The neighboring lymphatic glands become quickly involved, and there is usually neuralgic pain.

The papillomatous epithelioma, when fully developed, presents an elevated, ulcerated, fissured, cauliflower-like surface. The discharge is scanty, and there may be crusting. Rodent ulcer is very characteristic. The white, pearly papule from which it develops spreads laterally, becomes depressed in the center, and then ulcerates, and thus the ulcer from the very beginning is surrounded by the characteristic elevated, firm, waxy-like, rolled border. It spreads vertically and laterally, the rodent process slightly in excess of the new growth, attacking all tissues, even bone, and in eight to twenty years may destroy half of the face, and eventually the patient's life. There is no pain, no odor, no glandular involvement, and a very scanty discharge.

The etiology of epithelioma I will not discuss. A notable discussion along this line has recently been held in Berlin, whether parasitic or cellular, in which probably the cellular theory scores the advantage. Some kind of local irritation is usually the exciting cause. I shall briefly report a recent case of epithelioma of the lip before taking up the question of diagnosis and treatment.

The patient, a man 47 years of age, had smoked three or four cigars a day for thirty years. Negative history. In June, 1903, a small superficial epithelioma appeared on the left side of the lower lip, and was treated with X-rays and was apparently cured. In April, 1904, a recurrence was removed with the knife under cocaine. In June, 1904, a recurrence was again treated with X-rays, but patient did not submit to treatment long enough to effect healing. In September, 1904, the submaxillary glands began to enlarge, suppuration followed, the glands were incised, and under the supposition that the lesion was a carbuncle, a flax-seed meal poultice was applied. The flow of pus was abundant. Later, when the patient came to Nashville, the whole sub-maxillary space was filled in with a firm, dark red, lumpy tumor, with two large openings in front connecting with a cavity two or two and a half inches in depth, and from which poured a thick yellow pus upon slight pressure. The discharge ordinarily was sanguineous. At the same time there was another recurrence on the lip. Up to his arrival in Nashville,

the tumor had not been diagnosed. The rapidity of the growth and free discharge of pus were misleading. The pus was at once examined for actinomycosis, but proved negative. A specimen of the tumor under the microscope proved it to be epithelioma. The case was now considered inoperable. In addition to ordinary treatment for his general condition, he was given thyroid extract, 5 grs., four times daily in conjunction with the application of X-rays. He grew weak so rapidly that the X-rays were discontinued. Increasing doses of bromide of arsenic were given after meals. Sodium cacodyllate solution was injected into the advancing edge of the cancer once a day for one week, and then omitted one week, and so on. This seemed to check suppuration and the rapid advance of infiltration. The end came April 25, 1905, from exhaustion.

Early diagnosis and thorough treatment is of greatest advantage to the patient with epithelioma of the skin. A chronic scaly patch on the face of any one past forty, accompanied with but little itching, should be regarded with suspicion, and I would advise, with the present day treatment, the application of X-rays. An elevated, cone-shaped mole, if it should get red, a little more and painful, and so continue for some time, should be promptly removed. A pearly, firm, flat papule the size of a pea developing after forty, and enlarging slowly, should be treated at once. A cut or crack, or an abrasion about the lips which oozes, becomes crusted and repeats this process until it reaches a chronic state, should be examined microscopically at once.

After ulceration sets in we must differentiate syphilitic ulcer, chancre, and lupus. The location, history, number of lesions, and the age of the patient, with the clinical appearance, will enable us to make a diagnosis in the majority of cases, but in some, after all has been carefully considered, this can only be accomplished by microscopical investigation. Our time limit will not permit a more detailed discussion of diagnosis, nor of the microscopical appearances.

The treatment of epithelioma of the skin is grouped under three heads: Surgical, with Caustics, and X-ray and Radium.

Superficial epithelioma may be relieved by either of the three methods, radio-therapy producing the least disfigurement. Thorough removal of all diseased tissue, outlying cells, and infected glands is the object of surgical measures, and anything short of this is not curative, but more or less aggravative. At the present time it is generally agreed upon that where there is glandular involvement or deep-seated epithelioma of the skin, surgery followed after removal of the growth and the glands, by X-rays offers the only hope. Potential cauteries, as Bogain's paste, Marsden's paste, or caustic potash may be used as the particular case demands. Marsden's Paste as generally used is made of equal parts of arsenious acid and acacia pulv., with sufficient saturated solution of cocaine mur., to make it the consistency of butter. If the surface is ulcerated the paste may be applied at once; but if not ulcerated, treat the surface with a strong solution of caustic potash, sufficient to denude the surface, and then apply the paste, leaving it on for 12 to 36 hours according to the effect produced. It is painful while on, and a good deal of inflammation and swelling results. Arsenic has a selective action on diseased tissue, and it is also believed that it destroys the cancer cells lying outside the escharotic action proper, this being one of the strong points in its favor. The after-treatment consists of the application of hot, wet dressings until the slough comes away, and then the use of an ointment of pyrogallol, one per cent., or one of emplastrum hydrarg. and vaseline equal parts. The cosmetic effect of this treatment is good.

A more active agent is found in caustic potash, which is applicable to a beginning epithelioma. It must be used cautiously, sufficient action being obtained by one or two minutes application of the solid stick, further action being prevented by bathing the wound with dilute acetic acid. The treatment is painful only during the application. There is no special after-treatment.

Rodent ulcer should always be treated with X-rays, as they offer the best results. In some cases it may be necessary to remove some of the very thick rolled edges with the caustic or

urette, but we should depend upon radio-therapy as the curative agent.

After considering the advantages of all the methods of treatment for superficial epithelioma of the skin, I would choose the -rays. I believe we have in this an agent with which we can come nearer destroying all the outlying cancer cells than with any other means, and that by thorough and careful application one per cent. of recurrences can be reduced. The results obtained by me in three recent cases have been apparently satisfactory, and this is in accord with general reports.

Knowing that Dr. Allen Pusey of Chicago, has had a very wide experience in the treatment of epithelioma of the skin with -rays, I wrote him recently requesting his opinion concerning epithelioma of the lip — its treatment with X-rays. In his reply he says: "My attitude upon the treatment of epithelioma of the lip is this: if the epithelioma is one for which in operating you would remove the glands beneath the jaw, I believe it should be treated by operation rather than the X-rays. If, however, it is one in which in operating, you would, for any reason, only remove the lesion of the lip, I believe X-rays are preferable. In other words, you can do all on the lip with X-rays that you can with operation. If, however, there is glandular involvement, the patient gets a better chance by operating and then the X-rays.

"I know of course that some men maintain that the glands should always be removed in operating on the lip, but I know also that many of the best surgeons do not remove the glands in many cases for various reasons. The justification of treating epithelioma of the lip with X-rays is sufficiently evidenced by the fact that particularly all of my cases have been referred to me by surgeons, and in one case I have treated the father of a very prominent surgeon in this way, the case being referred to me with the agreement of another surgeon.

"When I reviewed my cases March 1st, I had 20 cases of epithelioma of the lip treated in this way, all of which were symptomatically well at the writing, except one man who had large glands in the neck when treatment was undertaken."

Pusey (vide Pusey & Caldwell, page 517), after reporting on 69 cases of epithelioma of all varieties of the skin with 88 per cent. symptomatically cured, the time ranging from 2 to 22 months, says: "There is no reason to believe that there was any other method of treating any of these cases which would have shown as good results. There is less scarring than follows any other method of treatment, and the scars that are left are usually soft, smooth, of the color of healthy skin, or white and entirely healthy looking."

With reference to recurrence after X-ray treatment I shall refer to Sequeira of the London Hospital, who has had an experience with more than 100 cases. He says: "Recurrences are by no means uncommon, and the question which still has to be decided is whether the relapses are due to the fact that some of the outlying cells have escaped the action of the rays or whether they are true recurrences. Some of the sections which we have made support the former contention. . . . As a matter of practical import the recurrences are usually easily removed by a fresh application of the rays."

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#### VERATRUM VIRIDE.\*

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BY S. T. HARDISON, M. D., OF LOUISBURG, TENN.

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I HAVE selected this subject for a few thoughts to bring before you a valuable therapeutic agent that has largely fallen into disuse. I think this relegation has come about from two reasons: First, there has always been associated with its use a feeling of danger from its great potency; and secondly, the wonderful increase and multiplication of ready-made remedies warranted to fit all cases under any and all circumstances. Unfortunately, the profession, great and small, have largely been duped into the habit of looking for, and in many cases finding among the "antis," a specific or panacea for all the ills that affect the human family; and while I agree that many of these modern remedies

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\* Read at 22nd semi-annual meeting of the Middle Tennessee Medical Association, at Franklin, Tenn., May 19, 1905.

are valuable, they are not free from danger to life, and in many instances fasten upon the users deleterious habits that are unrelenting in their demands and ruinous in their effects.

Now, I want to say right here, that the danger of potent toxic effects of veratrum have been greatly overestimated, as we have no well-authenticated case as yet reported in which death was produced by it. Can we say as much for many remedies that are prescribed daily all over the world by both the laity and the profession? In fact, it is even doubted by some very careful and experienced physicians that death can be produced by it.

But it is not the purpose of this paper to discuss its effects in improper or reckless doses, but to speak of its value and usefulness when indicated and properly administered. I desire to say that I have found Norwood's tincture more uniformly reliable than any other preparation.

In thinking of any remedial agent, we instinctively associate with it some definite or leading property attributed to or connected with it. Especially is this true of the old and tried remedies. Now what are the leading medicinal principles or effects that we expect veratrum to manifest? I would say sedative, but not anodyne or hypnotic. It does not relieve pain or produce sleep, as opium or chloral hydrate; but it does produce a soothing or sedative effect with less unpleasant after results than any remedy known to me; no constipation, no drying up of the secretions, as does opium; no paralysis and dangerous congestions, as do the coal-tar derivatives; no heart failure, as do chloral and cocaine; and no danger of establishing a drug habit by its continued use. I unhesitatingly and urgently recommend it in all cases of convulsibility" (?), whether it be eclampsia or epilepsy, and I believe we have in it a most superior remedy and one that will not fail us; greatly superior to blood-letting in the first class, and superior to the bromides in the second class of cases. I have used it in confirmed cases of epilepsy with most excellent and satisfactory results. If you will keep an epileptic well under its influence, which can be done without danger, you will control the convulsions; and I am convinced that in the young who have

recently become epileptic, the careful and continued use of veratrum will effect a cure, both radical and permanent.

One other point I wish to call your attention to, and that is, the longer it is continued the less of the drug will be required to influence the patient, differing very materially from other drugs in that it does not lose its effect by continued use.

The dosage in all cases must be ascertained by careful trial. It must be exhibited until you obtain its constitutional and controlling effect, whether it takes two drops every few hours or ten drops every hour, we push it to the extent of overcoming that condition of the nervous system which, for want of a better name, I call "convulsibility," and this can be done without any danger from its seeming heroic dose and continued use. In insisting on this remedy in epilepsy I do not intend to exclude a proper dietary and hygienic attention, which must be carefully looked after, nor should we for one moment neglect the excretory functions, remembering that repeated mercurials are all important.

We have a wide field for the use of veratrum in all cases of restlessness, vigilance, insomnia, etc., associated with high arterial tension, I care not whether they be due to toxins, faulty elimination or inflammatory processes. In some of these conditions I think it almost amounts to a specific. With a high temperature and full, bounding pulse, I care not from what cause, veratrum will bring comfort and benefit. In any condition in which the patient is disturbed by a feeling of discomfort due to exaggerated action of the heart, we will find improvement follow its use.

There is a class of patients who have had a partial sun-stroke, or, as they say, have been overheated, who are troubled, especially in hot weather, with an uncomfortable throbbing sensation in the head, not headache, but fulness, heaviness, roaring, wavy pulsations in the ears, flushed face, etc., in which I think veratrum will nearly always bring relief. All patients who are easily disturbed by coffee, tea, quinine, whisky, and stimulants generally, have a nervous system or condition which is easily excited, and in these we will get good results from veratrum.

One more class I wish to mention. Children from numerous causes are restless, are startled easily, frightened by noises, and from time to time it is difficult to locate their troubles, and if we can, it often takes some time to relieve them. In these veratrum will produce calmness and quietude, prevent convulsions and danger until the fever can be subdued, the secretions and excretions aroused; and the family as well as the doctor will not be uneasy about the stupor of anodynes and the danger of convulsions; for remember, convulsions never come when your patient is well under the influence of veratrum.

Now if half the things I have truly said about veratrum are so impressed on you as to cause you to consider it from a practical standpoint, the object or purpose of my paper will have been accomplished, and I will only add a word as its modus operandi. I know that it is to some extent a diuretic — that it will increase the coloring matter and probably the solid constituents of the urine; and I believe it does this by slowing the heart's action, reducing blood pressure, thus allowing better opportunity for depuration. I believe the same may be said of it as an expectorant. Oxygenation and elimination are better performed by a slow movement of the blood through the lungs than by a swift current and high blood pressure. I am sure it has laxative properties dependent upon peristalsis, the motion resulting from nausea. So, after considering these things, we can say, without doubt, it is the only sedative known that has no bad after-effect due to lessening of the excretions from any of the emunctories of the body.

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AN unexpected success may please us, but there is a greater satisfaction in earning it by correct reasoning and practice.

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ONE success based on a knowledge of the case and the correct application of remedies, opens the door to a new world.

## Clinical Reports.

### REPORT OF CASES.\*

BY ENOCH H. JONES, M. D., OF MURFREESBORO, TENN.

#### CASE I.—MATTIE T., aged 13.

THE appearance of the patient, when first seen was hideous in the extreme—tongue swollen and protruding to an enormous extent, filling the entire buccal cavity, and the orbicularis oris was intensely tight around the tongue, the latter protruding some five or six inches, which seems almost incredible, but it is a fact, nevertheless.

Eliciting some history of the case, I learned that she had been treated by two physicians previous to my seeing her. The first, I take it, treated for some simple disorder, with repeated doses of calomel, producing ptalism, resulting in a violent form of stomatitis and glossitis. The second physician who had charge of the case was sick at the time, and I could get no data from him at all. Had to nourish by rectal alimentation until the irritable condition forbade further procedure in that direction. Therefore, with the aid of a large gum catheter, I gave ample liquid food through the nasal route. In a few days the inflammation subsided. Then I found adhesions of the lips to the tongue almost the entire circumference of the tongue save about one third of the upper lip, also right side of the tongue adherent to full length of the buccal wall.

Now, in the absence of example, teaching, or literature upon the subject, we had only to institute a self-devised line of procedure. Calling to my aid two other well-known physicians, we hastened to offer some relief, as the patient could neither talk nor eat, as she could not get the tongue back into the mouth. We proceeded to chloroform the patient, and then with a sharp bistery separated the parts at every point; the adhesions were

\* Read at 22nd semi-annual meeting of the Middle Tennessee Medical Association, at Franklin, Tenn., May 18, 1905.

so firm they could not be separated otherwise. The patient made a rapid and uneventful recovery.

CASE II.—WILLIAM H., aged 14.

I was called one evening after dark to relieve retention of urine. Found distended bladder, with considerable distress; made an effort to introduce catheter, but signally failing to find a way into the bladder. Upon close inspection I found the integument and erectile tissue without the urethra. Then inquiring if any known cause could be given for the trouble, I learned that the boy had been riding on a hay rake wheel while his brother was raking hay. He had placed his head against the rim on the inside of the wheel astride the hub and feet to the other side of the wheel and was going around with the wheel, there being a long key through the axle to hold the wheel on. This revolution of the boy around the key twisted his pants and penis until he fell out of the wheel, hanging to the point of the axle by his pants and penis. He was extricated, and went through the day without much inconvenience until about 9 P. M. This unusual experience produced the unusual condition of a dislocated urethra.

Here again, in the absence of example, teaching, or literature, I had to resort to self-devised measures for relief. Therefore, in the country, many miles from another doctor, I administered chloroform, then made an incision through the dorsal aspect of the penis where that organ passes under the symphysis pubis, large enough to pass my finger into the parts under the pubis. There I found the urethra in a coil. Upon finding the end, or meatus, I passed a small pair of forceps through the end opening and guided the urethra into its normal position, then introduced my catheter, and evacuated the bladder. I watched the case for a few days, but had no further trouble save some little edema and soreness.

CASE III.

I was waiting on two typhoid fever patients in one family, four and one-half miles in the country — man's wife and son. It was suggested and agreed that we have a trained nurse. I at once procured one and carried her out to take charge of my cases. All moved smoothly for four or five days, when, upon my evening

visit, the gentleman of the house informed me that the nurse was right sick, and asked me to go in her room and prescribe for her. So I did, and she said she was suffering from colic. I passed my hand over the abdomen, and to my astonishment and dismay found what I thought to be a gravid uterus at full term, but did not say as much to the patient, but called for hot water, etc., to prepare for digital examination. She promptly informed me that she would have no examination, medicine, or advice. I therefore made my departure for town. The next morning I found her at her post of duty, sitting by the bedside of one of my patients. I realized from her appearance what had happened. So when making my departure, Mr. C—— followed me as usual to my buggy, I interrogated him how the sick nurse got along with her colic. He reported that she called for a tub of hot water, and said to the servant she was suffering with her monthlylies, and that she wanted to be left alone for the time. The servant said she saw her throwing the bloody water out of the window with a pan. Mr. C—— supposed she was taking a hip bath for her suffering menstrual trouble, and that family does not know any better to this time. The nurse only lost about three hours from duty as sick nurse for two patients. Her age was about 25, and I had not suspicioned her condition, as she wore a loose wrapper when I carried her out to the place of service and her accouchment. In a few weeks her services were concluded, and I carried her back to town.

I made the emphatic and positive statement to her that she had gone through with a stage of labor, and she had as well confess, which she did. I asked her what she did with the child. She said it was born in that tub of water, and that she had wrapped it in an apron and hid it in a closet until all were asleep, when she carried it to the garden, dug a hole in the ground, and buried it there. The nurse has since married, and I am told is doing well. I trust the Association will define my duty in this event.

#### CASE IV.—JAMES C., aged 2.

I was called about half-past eleven one night fifteen miles in the country to see this little patient, to relieve him from retention

of urine. Upon my arrival, after making the trip hurriedly, as it was urged by the messenger that he was in a dying condition, the mother met me at the door with a storm of censures for being so slow, and commanded me at once to relieve her child.

Upon a hasty examination, I found a very tensely distended bladder, with a ballooned prepuce, which under manipulation did not emit a drop of urine. Having been insultingly urged by the mother to "do something or quit," without any reply from me (but her husband gently suggested that she keep quiet), I proceeded to open my emergency bag and took therefrom a minor surgical case, from which I selected a sharp-pointed bistorty and grooved director. At this juncture the mother emerged from the dining-room with a carving knife in hand, with a bleat in stentorian tones "that I should not cut on her child." With all of mine and the husband's gentle and persuasive advice we could make no altered impression upon the 200-pound viper. So failing to elicit her consent, I packed my baggage, and bade them a pleasant good night. As I was about to take a seat in my buggy, the husband approached me, and announced the fact that I could proceed to relieve the little fellow.

With the promise and assurance that we would have no carving knife display, I retraced my steps to perform the little operation necessary for relief, and having some little unexpressed spirit of resentment, I proceeded to arrange my technique for a battery display in order to appease and avenge the want of proper appreciation (as I considered) of my intended efforts of mercy.

Placing the little patient on the father's lap, somewhat between his legs, head toward father's body, I had the mother sit in front, supporting the patient's feet. Now realizing the force of the pent-up charge when the obstruction might be relieved, I trained the battery in line with the opposing foe. The designing technique was next in order. Taking my position to one side, I introduced with gentle force the grooved director, when some dripping of urine began. Seeing this, the irate and tempestuous mother again opened her battery with tirades of command: "Stop, that would do!" At this juncture I quickly passed the sharp-pointed bistorty along the grooved director a sufficient distance.

The trigger manipulated, and quick as thought the battery fired the charge made direct to the point intended — the mother's face and breast receiving the full charge. The enemy's battery was silenced amid smiles from both husband and myself. The bladder quickly emptied itself. The usual dressing was applied, and with some directions to the father, I was ready to make my departure before her battery could be cleared for action. She asserted indignantly, "Doctor, you did that purposely." My work done and fee collected, I ventured the retort, "Madam, that was your child's gun, not mine," and infringing upon my known integrity, I added, "Madam, I am very sorry it occurred." Basking in the consolation that my plans had carried and the victory won, I pleasantly bade them good night, with my fee of \$20 in hand, and have since collected several good ones from the same parties. This case is of no special interest, save to show what difficulties we sometimes have to surmount in country practice.

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*Records, Recollections and Reminiscences.*

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**SPECIAL NOTICE.**

The Association of Medical Officers of the Army and Navy of the Confederacy will hold its next annual meeting in Louisville, Ky., Wednesday, Thursday, and Friday, June 14, 15, and 16, 1905. The meetings will be held in the Scottish Rite Cathedral, 518-20 Sixth St., corner of Walnut St. Luncheon will be served each day by the Committee of Arrangements.

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The most remarkable and enviable history made by the Medical Staff of the Confederate States Army and Navy is almost entirely limited to tradition and the memory of the survivors.

The records that were filed and kept by the Surgeon General and his associates up to the time of the surrender of Richmond, were most completely destroyed by fire on the occupation of the city by the Federal Army, and but little is left to place upon the pages of our country's history so marked a feature of that great struggle.

For the purpose of gathering together such of those important facts as are now existent in human memory and recollection, was organized "The Association of Medical Officers of the Army and Navy of the Confederacy," and it is hoped to add each year to the very valuable facts that have been placed on the printed page by this Association; therefore each member who possibly can is most earnestly urged to attend the coming meeting in Louisville, and each one who can, is still more earnestly urged and requested to bring with him a short paper or essay, comprising some one or more of the many important and peculiar incidents coming under his observation during the four years we were engaged in that great contest. Histories of cases, wounds, and operations, together with other features of your work and experiences, are of prime importance, and will unquestionably prove of value. While the time is short, yet it is ample if you will only put your mind and memory to the task, and if only but a few of those who come will act on this request, our meeting will be more or less a success in proportion thereto. Do not rely on others, but as a factor in the so enviable history that was made, let us have the benefit of some of the incidents that came under your observation. Make up your mind at once that you will contribute something, and as early as possible forward me by postal card or letter the title of your paper or contribution.

Four decades have passed since we furled our banners; our numbers are rapidly growing less, and unless strenuous efforts are made to collect material for preservation, we will be unable to place on record the services of our noble confreres who so faithfully and conscientiously discharged their duties in those dark days that tried men's souls.

From the Committee of Arrangements at Louisville, we have

the information that the Scottish Rite Cathedral has been secured for our meetings. This building is on Sixth Street, Nos. 618 - 620, at the corner of Walnut, and is central, easily found, and most admirably adapted for our meetings, the meetings having been held in this building in 1900, the third annual meeting of the Association. A mid-day luncheon each day, and other features of an interesting character will be provided by the Committee of Arrangements. The sessions will be arranged so as to conflict as little as possible with the other Reunion festivities.

"The membership of the Association consists of Members, Associate Members, and Junior Members. All who served in the Confederate States Army or Navy as Surgeon, Assistant Surgeon, Contract Surgeon, or Acting Assistant Surgeon, Chaplain, or Hospital Steward are eligible as Members; all Confederate veterans who are now practitioners of medicine, as Associate Members; and all sons of Confederate Veterans who are regular practitioners of Medicine, as Junior Members. The annual dues or membership fee is only one dollar, paid only when in attendance on a meeting. The meetings will be held from time to time during the Reunion, but the program will be arranged so as not to conflict in any way with the other Reunion festivities."

All who come to the meeting are requested on arriving in Louisville to come at once, or as soon as possible, to the place of meeting, and if arrangements have not been made for your sojourn in the city, it can be readily attended to. The railroad rates are one cent a mile each way, and lodging and meals can be secured at any price you wish to pay, convenient to the place of meeting. As Secretary of the Association, I will be at the place of meeting from Tuesday afternoon, June 13, and will have the hearty co-operation of members of the Committee of Arrangements in making the meeting both interesting and entertaining.

All who attended our former meeting in Louisville know just what to expect, and to those who were not there, we can assure them that nothing will be left undone by the good people of Louisville that will add to the comfort, pleasure, and enjoyment of all who will come. All communications to me after June 10, prox., should be addressed to me, 618 - 620 Sixth St., Louisville, Ky., prior to that date at Nashville, Tenn. Sincerely

oping that this meeting will be more largely attended than any preceding one, I desire to remain, with best wishes and kind regards,

Very truly and sincerely yours,  
DEERING J. ROBERTS, M. D., *Secretary.*  
*208 Sixth Ave., North, Nashville, Tenn.*

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The Eighth Reunion of the Association of Medical Officers of the Army and Navy of the Confederacy will be held in the Scottish Rite Cathedral, NW Corner 6th and Walnut Streets, Louisville, Ky., June 14, 15, and 16, 1905.

Medical Committee: Frank C. Wilson, M. D., *Chairman;* Frank T. Fort, M. D., *Secretary.*

Committee of Arrangements: R. Alexander Bate, M. D., *Chairman;* W. O. Green, M. D., *Secretary;* Irvin Abell, M. D.; Turner Anderson, M. D.; Jas. B. Bullitt, M. D.; John G. Cecil, M. D.; S. G. Dabney, M. D.; T. C. Evans, M. D.; T. A. Hays, M. D.; J. B. Marvin, M. D.; S. J. Meyers, M. D.; Wm. B. Pusey, M. D.; W. O. Roberts, M. D.; Vernon Robins, M. D.; P. C. Simpson, M. D.; R. T. Yoe, M. D.

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## REATMENT OF PRISONERS DURING THE WAR BETWEEN THE STATES — 1861 - 1865.\*

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BY C. H. TEBAULT, M. D., SURGEON-GENERAL, U. C. V.,  
NEW ORLEANS, LA.

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To the President and Members of the Association of Medical Officers of the Army and Navy of the Confederacy, Nashville Reunion, June 15, 16, and 17, 1904.

COMRADES: We have met in Tennessee — brave and patriotic Tennessee,— and this time at her great, prosperous, and beau-

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\* Read at the seventh annual meeting of the Association of Medical Officers of the Army and Navy of the Confederacy, June, 1904.

tiful Capital City, Nashville, to make our contributions as Confederate surgeons and assistant surgeons, to history.

For this Reunion I submit the following historical report, and at its very threshold, it is my great pleasure to state, that I have in all my investigations discovered no instance in which a Federal surgeon or assistant surgeon was responsible for any of the unfortunate facts here immediately ensuing, but on the contrary always they were found doing their best endeavors in the cause of humanity. I now proceed with my historical contribution for this occasion.

The following instructive and historical correspondence relates to the treatment of prisoners of war, in the war between the States, 1861 - 65, a subject imperfectly understood and frequently misrepresented. It is taken from "The Public Life and Diplomatic Correspondence of James M. Mason, Confederate States Commissioner to England, By His Daughter, 1903," and is just from the press: —

" To the Editor of the London *Times*:

" As part of the political history of the times, the correspondence I transmit herewith may have sufficient significance to call for its publication. I submit it to you accordingly for a place in your columns. I am, sir, etc., J. M. MASON,

" 24 Upper Seymour Street, Portman Square, London.

" " BOSTON, December 15th, 1864.

" " MR. J. M. MASON, London.

" " SIR: I take the liberty of sending you a pamphlet published by the United States Sanitary Commission on the treatment of Northern prisoners at the South. I beg you will look through it.

" " I send it to you, sir, believing that you yourself are not aware of this state of things, and that you occupy a position which may enable you indirectly to ameliorate this appalling suffering.

" " I am, sir, very respectfully,

" " Your obedient servant,

" " A. COOLIDGE.

" " 65 Marlborough Street, Boston, Mass."

"LONDON, January 25th, 1865.

"A. COOLIDGE, ESQ.,

Boston, Massachusetts.

" SIR: I have your letter of December 15th, with the volume accompanying it, entitled a 'Narrative of Privation and Sufferings of United States Officers and Soldiers while Prisoners of War in the Hands of the Rebel Authorities. Being a Report of Commission of Inquiry Appointed by the United States Sanitary Commission.'

" In your letter you 'beg' that I 'will look through it,' and say that you sent it to me, believing that I am 'not aware of this state of things,' and may have it in my power 'indirectly to ameliorate this appalling suffering.' I am thus to infer from your letter that you think the contents of the volume are entitled to my credence. I have looked through it, and have looked also at the pictures that adorn it, which are alleged to be photographic illustrations of the emaciated forms of certain of the prisoners returned from the Confederate States. This form of pictorial literature would seem almost peculiar to the country to which you belong, and, as would appear, is known alike to its humanitarians and statesmen; for it so happens that about the time the volume of the Sanitary Commission came from you I received from another quarter another volume of like grade, and prepared for a like purpose, entitled 'Reports of the Committee on the Conduct of the War — Fort Pillow Massacre — Returned Prisoners,' a document issued by the Congress of the United States; and this volume, too, is adorned with like pictorial illustrations. As I understand, in the vocabulary of your country, the class of literature to which both of these volumes belong, is called the 'sensation style,' and is adapted to that class of readers whose convictions are to be reached by fraudulent practicings on their intellect. As noted examples of similar productions, I will recall to you 'Uncle Tom's Cabin,' by Mrs. Stowe, one of your country-women, and a book, the title of which I have forgotten, but familiarly known in the circles of your country as 'Helper's Book,' both illustrated by pictorial sketchings. But I am to deal now

with the volume of the 'Sanitary Commission,' the others, having each done the dirty work of their day, are laid by to serve with the volume in hand as authentic materials for future history by some New England historian.

"None can read the work of the Sanitary Commission without seeing that it was written for a very different purpose than that of ameliorating by its labors the suffering and privation ascribed in it to prisoners of war in the Confederate States; nor will the character of the gentlemen, whatever that may be, who give it their sanction as a committee, with the long array of titles annexed to their respective names, rescue it from such imputation. Its true character is that of a political work, and of the lowest type, intended to excite and inflame the popular mind at the North by false and exaggerated pictures of the privations and sufferings of Northern soldiers held as prisoners at the South. The narrative carries with it intrinsic evidence that it is from a pen long practiced in the unscrupulous school to which it belongs; indeed, the writer seems to have considered it necessary to account in some way for the peculiar style of a work professedly of pure humanity. He calls it, at page 24, the 'dramatic development of the inquiry' of the Sanitary Commission—in which all the 'salient points of the evidence,' with the results of their own observations are incorporated together. In other words, the evidence and the so-styled results of observation were to be grouped and colored for political effect.

"Now, on the subject of the treatment of prisoners, either at the North or South, I have no information but that which comes to us through the public prints; but I am fully aware that the condition of prisoners of war, wherever they may be, must of necessity be attended with privation and suffering, and necessarily more so in the South, whatsoever care can be extended to them, from the atrocious manner in which the war is waged by those who conduct your armies in my country.

"Your Sanitary Commission complains that they are stinted in food; that it is bad in quality; are not sufficiently clothed, and, when sick, they are not treated with sufficient and proper medicine; and this in the face of the notorious fact that wherever your

armies penetrate they are ordered to burn and destroy everything that contributes to the food and raiment of man — an order most relentlessly obeyed ; and, as if to add to the infamy of such practices, all medicines, surgical instruments, and whatever could minister to the sick or wounded in the hospitals, your Government has declared and treated as contraband of war, with orders that they be destroyed wherever found — orders that are invariably obeyed. Whole regions of the Southern country have thus been ruthlessly laid waste. As a single example let me recall the recent instances in the Valley of Shenandoah, a country teeming with population and of unrivaled fertility.

" In its late retreat your army devastated the entire country through which it passed, its General boasting in his official report that he had burned in his progress TWO THOUSAND BARNS filled with the harvesting of the year ; that he had burned all the mills in that whole tract of country, destroyed all the factories of cloth, and killed or driven off every animal, even to the poultry, that could contribute to human sustenance, in an extent of country some sixty miles long and from thirty to forty wide. Cut off to a great extent by your blockade from the importation of foreign salt, it is the boast of your generals that military parties are organized to destroy our salt factories wherever found, either on the seaboard or in the interior ; and very recently we have accounts exultantly presented, of destruction done at Saltville, in Southwestern Virginia, extending to the breaking up of the kettles used in its manufacture, and despoiling the salt wells. There is but one step of greater infamy against your fellow-men — I should not say greater, for it is the equal only — and that would be to poison the water in the streams. In the face of such notorious facts your ' Sanitary Commission ' has the effrontery to complain to the world that the prisoners of war in the South are stinted in food, badly clothed, their health impaired from want of salt, and death frequent in the hospitals from the failure to supply the proper medicines.

" I desire to say to you, then, that I can give no credit to the report of your Sanitary Commission. Little as partisan testimony is proverbially entitled to belief, it is still less so in the hands

of those interested by their own showing to deceive, and who resort for their witnesses to a class of men who are thus described by an authority in your own country whom neither you nor they, on this subject, at least, dare discredit. The editor of the *New York Times*, speaking of the character of the recruits sent to your army on the James River in Virginia, as substitutes for drafted men, and from information derived from a correspondent with the Federal army at City Point, describes them as 'wretched vagabonds, depraved in morals, or decrepit in body, without courage, self-respect, or conscience. . . . They desert when put on picket duty, they skulk in action, and are dirty, disorderly, thievish, and incapable in camp, and pass most of their time on barrels tied up to trees, or bucked and gagged.' Of such materials is your army in Virginia, and from such materials your Sanitary Commission could be at no loss for witnesses in their 'dramatic development.' You will find this agreeable picture of your own troops in the *New York Times* of January 6th, 1865.

"To its further discredit, I know that the batch of prisoners whose emaciated forms supplied the materials for its pictorial illustrations, were the sick brought from the hospitals in Richmond under the cruel policy of your Government to make no exchanges except of the sick. Your Sanitary Commission might, and with as good grace and as much fairness, have the patients in the worst form of disease from your public charities, exhibited in photograph as evidence of inhuman treatment at such hospitals. But it is waste of time to attempt to refute these calumnious imputations. Those to whom they are addressed in your country do not desire to be undeceived. When first propagated, some year or two ago, pains were taken in the South, through the aid of disinterested and impartial observers, to have the real condition of prisoners at the South enquired into and laid before the world. Their statements were in true keeping with what was the acknowledged duty of a humane and Christian people, and in accordance with the established rules of civilized warfare. The rations allowed to prisoners were the same in quantity and quality as those given to our own soldiers in the field; nor was there any

scarcity with the former which was not shared equally by our own soldiers.

"What my own countrymen are suffering in your Northern prisons we are seldom allowed to know; but even since the receipt of your letter we have some striking evidence of what their condition is, in the teeth of the statement of your Sanitary Commission, as to the treatment of our prisoners at the North. I would refer you on this head to a letter from Joseph Taylor, of a Louisiana regiment, addressed to Lord Wharncliffe, and published in the *Evening Standard* at London, dated at Barnsley (England), January 5th, 1865, brought out by Mr. Seward's late letter, in which he permits himself to say that prisoners of war at the North are suffering no privations, and that appeal for relief or charity at home or abroad is unnecessary. Taylor speaks 'from an experience of several months in Fort Delaware;' the prisoners then averaged there from 6,000 to 7,000. 'The rations were always irregular, sometimes two ounces of meat per day, sometimes none. Soup was given at times, but such stuff that the most robust stomach could not take it; the consequences were that a large proportion of the men were reduced almost to skeletons.' He says that the prisoners were worse treated when guarded by the militia than when by the 'regular soldiers,' and adds: 'The cruelties practiced by the former were such as would scarcely be believed, even if the work of savages; that the relief proposed by your lordship and friends would have been the means of saving life I have not the slightest doubt.'

"This man, it appears by a note of the editor, resides in Barnsley, was taken prisoner at Gettysburg, was confined in Fort Delaware for seven months, and released on terms that he would give aid in no form to the Confederates and would leave the country.

"Again, I refer you to a letter published in the *New York Daily News* of January 3, dated at Chicago, December 27. The editor vouches for the writer 'as a lady of unquestionable veracity, great purity of character, and true Christian charity.'

"She speaks of the condition of prisoners, 6,000 to 8,000 in number, confined at 'Rock Island,' and says that 'the allowance

to each man has been one small loaf of bread — it takes three to make a pound — and a piece of meat two inches square per day. This was the ration; lately it has been reduced, and they are trapping rats and mice for food, actually to save life; many of them are nearly naked, barefooted, bareheaded, and without bed-clothes; each day their number growing less by death — their only merciful visitor.' She adds that charitable persons 'have sent supplies of clothing to these prisoners, but they have not been permitted to reach them.' Again, please refer to a letter from three of the surgeons, prisoners of war at Johnson's Island, dated November 16, and addressed to the colonel commanding the post, published in the New York *Daily News*, January 7. It concludes thus: 'It is our solemn conviction that if the inmates of this prison are compelled to subsist for the winter upon this reduced ration of 10 ounces less than health demands and 6 ounces less than Colonel Hoffman's order allows, all must suffer the horrors of continued hunger, and many must die from the most loathsome diseases.' Again, in the same paper, on the 5th page, is an article headed 'Treatment of Prisoners of War,' a communication alleged by the editor to be from 'one of our most respectable citizens, whose address is in our possession.'

"It refers to the prisoners on Rock Island, and states that those who refuse to enlist in the Federal service 'are kept on starvation rations, and are often reduced to rats, dogs, putrid meat, and other repulsive food picked out of slops.'

"It contains, too, a letter of one of the prisoners, giving the reason why he enlisted with the enemy. He says: 'You will say that I had better have died than dishonor myself. I would have said so, too, a year ago, but no one who has not been placed as I have been placed should judge me harshly. I had lingering starvation before me from day to day, from week to week, until I scarcely knew what I was doing. I was dying by inches. To escape a loathsome death, I enlisted; but it is expressly stated in my enlistment that I am not to fight against my own people.' The communication to the *Daily News* concludes as follows:

It is horrible truth that there are now in our military prisons nearly fifty thousand prisoners of war undergoing the tortures of

protracted starvation, denied all relief from without, even the purchasing with their own money the food essential to life and health.'

"These cumulative proofs may explain the reason why Mr. Seward refused to allow an agent from England to visit the military prisons at the North as preliminary to the proper dispensation of the large fund contributed by English benevolence for the relief of those confined in them; but in view of their privation and want, what can excuse, before the Christian world, his refusal to allow that relief to reach them in any form?

"And now, to close this reply, already too long: tell your Sanitary Commission, if they be really in earnest to bring relief to their countrymen alleged to be suffering as prisoners in the Confederate States, to address themselves to their own government, by whose act alone those prisoners remain in confinement.

"Let your government renew the system of exchanges under existing cartels which they have for more than two years fraudulently evaded. At the commencement of the war your government affected to consider those of my countrymen who fell into their hands as traitors worthy only a traitor's doom, nor was it until the balance of prisoners was largely on the Confederate side that a system of exchanges was agreed to. Though a large creditor, the Confederate Government framed a cartel on the most liberal basis, and by a solemn convention between the two governments that cartel was adopted. It provided for the release of all prisoners on parole ten days after their capture, and an immediate exchange to follow; the excess on either side to remain on parole for future exchange. In July, 1863, after the fall of Vicksburg and Port Hudson, the balance of prisoners, for the first time, was against the Confederates, and from that time forth, under all manner of subterfuges, your government refused exchanges on the basis of the cartel. All these facts are set forth in the correspondence between Robert Ould, Confederate Agent of Exchange, with your General Meredith, Major Mulford, and Major-General Hitchcock, at various times Federal Agents of Exchange, commencing in October, 1863, and ter-

minating August 31st, 1864, published in the papers at Richmond and reproduced in those at New York. That correspondence shows how earnestly and persistently the Confederate Government sought to obtain by exchanges the mutual release of all prisoners — consenting even to waive the strict terms of the cartel when the balance of prisoners was against the Confederates — and how persistently and by what fraudulent evasions your Government refused. And thus it has resulted that, at last accounts, there were some sixty thousand of your countrymen prisoners of war in the Confederate States and remaining there solely because of the refusal of your Government to receive them back. This monstrous and cruel policy on their part can have but one solution. It was known that every man sent back to us would at once return to the field, whilst on your side the term of enlistment of far the major part of the prisoners had expired, and of the rest, few had any further stomach for the fight. If your Sanitary Commission, therefore, is sincere in its denunciation of the Confederate authorities for their alleged maltreatment of their countrymen prisoners of war, with what execration should they visit their own Government for thus inhumanly and voluntarily abandoning them to their captivity?

“ I am, sir, your obedient servant,

“ J. M. MASON.

“ P. S.— I shall commit this correspondence to the press in London.

“ J. M. M.”

For important and fuller facts relating to the prisoners of war referred herein, see my Official Report to the Louisville Confederate Reunion held in 1900, to be found in our Official Minutes and in the August, 1900, issue of the *Confederate Veteran* published at Nashville, Tenn.

I have in my possession a pamphlet entitled: “ The Horrors of Andersonville Rebel Prison. Trial of Henry Wirz by General N. P. Chipman, Judge Advocate of the Wirz Military Commission.” It is a most remarkable contribution in many respects, but had I known its contents prior to my Louisville Report

above mentioned, I could not have better met all its cruel statements than I have most fully done in that paper, and which has been called for at different times by our friends in the United States Congress in defense of these misstatements about Andersonville prison.

Captain Henry Wirz was incorrectly found guilty and was unjustly executed on November 6th, 1865, after a so-called trial. To supply some impression of that remarkable trial, I will quote from Judge Advocate Chipman's pamphlet. On pages 83, 84, and 85, the following will be found:—

#### "Appendix

##### "WIRZ'S COUNSEL.

"A word of explanation is due as to the defense offered, and the counsel employed by the defendant. Messrs. Hughes, Denver, and Peck were first retained by the prisoner and appeared in his behalf. They were among the leading members of the Washington Bar. After the Secretary of War had dissolved the first court and had appointed another, these gentlemen withdrew from the case. Whether the prisoner failed to make satisfactory arrangements as to fee or what the real cause was, I know not. But Judge Hughes, long since deceased, with considerable show of rancor, having failed to establish his plea of jeopardy, speaking for his firm, withdrew in apparent anger and disgust, stating that the ruling of the Court was IN VIOLATION OF ALL LAW AND PRECEDENT, AND INTIMATING THAT BEFORE SUCH A COURT THE PRISONER WAS DOOMED.

"It was, however, made clear to the court that the jeopardy spoken of in the Constitution meant nothing short of an acquittal or conviction, and the judgment of the court thereon, and that under the 87th Article of War 'a trial' *a fortiori* could not mean less.

"The prisoner, left without counsel, secured O. S. Baker (now, 1891, practicing law in Oakland and San Francisco, Cal.) and Louis Schade, then and now of Washington City. Mr. Baker was the leading counsel, in fact, although Mr. Schade took that post on the record.

"I must testify to the faithfulness of these gentlemen throughout, with the single exception that at the close of the evidence they *declined to argue the case unless given at least two weeks for previous preparation*. The court thought this unreasonable, and so it must seem to any lawyer, for we are always supposed to be ready to go at once to the jury. The court, however, offered an adjournment of twelve days, which the counsel for the prisoner declined. *This left the defendant without the advantage of an argument by his chosen counsel.*

"There were three official reporters of the trial, to wit: Henry G. Hayes, D. Wolfe Brown, and William Hinks, who belonged to the Congressional corps of reporters—a most remarkably intelligent body of men. It would be hard to find three stenographers more competent for the work. They were men of intelligence in their profession, and with wide general knowledge and considerable literary attainments. I selected Mr. Hayes from these three to prepare the address of the prisoner to the court, and he performed the trust with great ability. His selection was in every way appropriate, because his sympathies were close to the border line of the rebellion; at least he felt that Wirz ought not to suffer for the performance of an official trust while acting under orders. He omitted no material point in the defense.

"In mentioning counsel I must not omit to record my high appreciation of the assistance given me at the trial by my friend and associate Major, afterwards Colonel, A. A. Hosmer, of the Judge Advocate General's Corps, now residing in Washington City (1891).

"Of the 146 witnesses sworn, 42 were called for the defendant. The power of the government was placed at his command to bring such as he wished. In the face of the testimony given for the prosecution by rebel officers and soldiers, not to speak of that given by prisoners, it is easy to understand the disparity in the number called by the respective sides.

"In the preparation for the trial I first solicited correspondence from prisoners, and I received thousands of letters. From among the writers, I selected those apparently the most ob-

want, and before subpoenaing them had from them answers under oath as to the salient facts stated in their letters.

"Much of the documentary evidence, such as Colonel Chandler's and Dr. Jones's reports, came to my hands through private sources. A Union soldier picked up the Chandler report in the streets of Richmond, and I traced it, after great pains, into the hands of this man and brought him to Washington to testify. Colonel Chandler fully identified the report on the witness stand.

"The report of Dr. Jones I learned about through rebel sources, and he was brought by process to Washington, from Georgia, with the report and surrendered it to me. He also fully identified it on the witness stand, protesting, however, against being made to testify.

"The Robert Ould letter I learned of through General Benjamin F. Butler. It was in the possession of a soldier at Cincinnati who refused to surrender it. I had him placed under arrest and compelled him to produce the letter and bring it to Washington.

"Many of the prison records fell into our hands when Andersonville was captured, and were cared for by Gen. J. H. Wilson.

"N. P. CHIPMAN."

From my paper, Louisville, 1900, report, I will place here the following extract borrowed from President Davis's writings, which fits in very neatly right at this point:—

"One final effort was now made to obtain an exchange. This consisted in my sending a delegation from the prisoners at Andersonville, to plead their cause before the authorities at Washington. It was of no avail. President Lincoln refused to release them. They were made to understand that the interests of the government of the United States required that they should return to prison and remain there. They carried back the sad news that their government held out no hope for their release."

In 1864 the attention of the humane people of the North was attracted to this subject. Rumors and reports of neglect and ill-treatment of prisoners became so frequent and explicit, and apparently so well founded, that investigation was demanded. The high mortality at the military prison at Rock Island, Ill., at-

tracted the attention of individuals in private and public life, and leading newspapers in Illinois, New York, and elsewhere united in charging the commandant of the prison with inhumanity to the prisoners under his charge. There is no record that a military commission was appointed to investigate, but the following is a part of the published reply of the commandant to his accusers:—

"HEADQUARTERS ROCK ISLAND BARRACKS,

ROCK ISLAND, ILL., Nov 23, 1864.

\* \* \* "In the first place, instead of placing them in fine comfortable barracks, with three large stoves in each and as much coal as they can burn, both night and day, I would place them in a pen with no shelter but the heavens, as our poor men were at Andersonville. Instead of giving them the same quality and *nearly* the same quantity of provisions that the troops on duty receive, I would give them as near as possible the same quantity and quality of provisions that the *fiendish* rebels give our men; and instead of a constant issue of clothing to them, I would let them wear their rags, as our poor men in the hands of the rebel authorities are obliged to do. \* \* \*

"A. J. JOHNSON,

"Colonel Fourth Regiment Reserve Corps, Command Post."

The above extract is from the records of the Rebellion Series II, Vol. 8, page 17. Rock Island Prison was established in December, 1863, and during its little more than one year held 2,484 Confederate prisoners, losing by death 1,922, and with survival of only 562, or within a fraction of 80 per cent. dying.

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SIR JAMES PAGET has followed up the lives of 1000 medical students who had joined the medical school of St. Bartholomew's Hospital, with the following result: Twenty-three met with distinguished success, 66 met with considerable success, 507 met with fair success, 124 met with very limited success, 56 failed, 96 discontinued medical studies while in pupilage, 41 died during pupilage, and 87 died within twelve years of commencing practice.

## *Obituary.*

DR. WILLIAM AILLS was born in Louisville, Ky., Jan. 8, 1826, and died at his home, near Steen's Creek, Miss., Jan. 14, 1905. Dr. Aills graduated at Dennison University (Ohio), took a course of lectures in New Orleans, and at the age of twenty years he moved to Steen's Creek, began practice, and lived there the remainder of his life. He offered his services to the Confederacy early in 1861, was appointed regimental surgeon of the 6th Mississippi Infantry, was promoted to brigade surgeon, and at the close of the war was division surgeon. Returning home after the surrender, he married in 1866 Miss Sarah Farish, of Copiah County, who, with seven children, survives him.

From the record blank filled out by him and on file we learn that he entered the Confederate service at Grenada, Miss., Aug. 24, 1861, as surgeon, and surrendered at Greensboro, N. C., April 26, 1865. He saw service at Shiloh, Corinth, Bayou Sara, Port Gibson, the Dalton-Atlanta campaign, Franklin, and Bentonville.

WALTER HAIGH DRANE, M. D., New York University, New York City, 1854, surgeon of the Twenty-Seventh Georgia Infantry, C. S. A., in the Civil War, a member of the Confederate Veterans Medical Association, died at his home in Batesville, Miss., March 28, from heart disease, after an illness of two years, aged seventy-three.

From the record blank we learn that he entered the Confederate service at Griffin, Ga., in February, 1862, as a private, and surrendered at Greensboro, N. C., as surgeon.

STEPHEN HARRIS RUSHING, M. D., Department of Medicine of the University of Pennsylvania, Philadelphia, 1853, surgeon in the Confederate service during the Civil War, died at his home in Alexandria, La., April 20, aged seventy-five.

DR. JOHN S. WILLIAMS died at his home at Gladys, Va., April 9, 1905, aged sixty-nine years. He was born in Campbell County, Va., and graduated at the University of New York in 1859. He served as an assistant surgeon in the Confederate Army. He was a member of the Medical Society of Virginia, as are two of his sons, Drs. H. B. and W. L. Williams.

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DR. WILLIAM HARPER, M. D., Tulane University of Louisiana Medical Department, New Orleans, 1852, formerly of Tallahatchie County, Miss., surgeon in the Confederate Army throughout the Civil War, and for many years a practitioner of Minter City, Miss., died at the home of his daughter in Memphis, Tenn., March 30, 1905, from organic heart disease, after an illness of six weeks, aged seventy-six.

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### *Editorial.*

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RATIONAL TREATMENT OF INFANTILE DIARRHEA.—For years the treatment of diarrhea in children, commonly known as summer complaint, has been a stumbling-block for the practitioner mainly because the true nature of the disease was never thoroughly understood.

As a matter of fact, the prevention of the disease is quite easy, but as it depends altogether upon the parent who has the children in charge, neglect is always accountable for the sickness. The result is that the physician is seldom called until mischief has been done.

Under the circumstances, rapid treatment has to be resorted to if fatalities are to be avoided. The main point is to modify the diet, suppressing objectionable food, particularly milk not properly modified in strength and sterilized. Meanwhile the bowels should be kept in a thoroughly aseptic condition.

An experience of ten years or more has demonstrated that this is better accomplished through the use of Tyree's Antiseptic Powder; one teaspoonful or less of this Powder diluted in a pint of tepid water makes an ideal washing for the intestine as an enema.

The same Antiseptic Powder proves also eminently beneficial administered internally. This fact is amply demonstrated by physicians who have for years made a clinical use of Tyree's Antiseptic Powder.

Among them may be quoted Dr. A. F. Kerr, physician and surgeon of the C. & O. R. R., who enjoys a very large practice in Virginia; he said as far back as Dec. 22, 1897, writing to J. S. Tyree, Chemist, Washington, D. C.:—

"DEAR SIR: I was not aware until I received your letter of the 17th inst., that I had originated a new field of usefulness for your Antiseptic Powder. It is true the thought was entirely original with myself, but it never occurred to me but that many other physicians were using it in the same diseases. I refer to its use in diarrhoeal and dysenteric disorders.

"Being familiar with its use in those conditions for which you recommend it, the thought occurred to me that the peculiar combination of the Powder ought to make it a valuable remedy in the intestinal diseases of the summer months, so two summers ago I began its use in diarrhea and dysentery, and was so well pleased with the results that I have continued its use in these diseases ever since with the most satisfactory results. I have prescribed it in doses of 1-2 to 2 grains in connection with the usual remedies and also used it locally in solution of a teaspoonful to a quart of warm water thrown into the bowel.

"Within the past few weeks I have used it exclusively as a gargle and throat wash in diphtheria, and found it very useful in such cases. I prescribed it also as a prophylactic with gratifying results.

"With the limited use I have made of it in intestinal disorders and diphtheria, I am convinced that it is well worthy an extended trial, and that those using it will not be disappointed."

Since then the same eminent practitioner, in answer to an inquiry, has sent to Mr. Tyree another communication which proves quite conclusive. It reads in part under the date of May 14, 1903:—

"You ask me as to the use of Tyree's Antiseptic Powder in dysenteric troubles and my method of using it.

"I use it in conjunction with calomel and other remedies prescribed in intestinal disorders.

"A favorite prescription with me is the following: R Calomel, gr. 1-4; morphine, gr. 1-16; Antiseptic Powder, gr. 1-2. Mix and make chart. No. 1. S. Six to twelve such powders given every one or two hours and followed by salts or oil.

"I also use the powder in the proportion of one teaspoonful to a gallon of warm water with the colon tube.

"Any one following this line of treatment need not fear losing his patient if he sees him in time.

"I will add that no matter what combination I use my main reliance is upon the calomel and Antiseptic Powder."

To emphasize further his faith in Tyree's Antiseptic Powder, Dr. A. F. Kerr added in another communication:—

"I have been using Tyree's Antiseptic Powder in diarrhoeal and dysen-

teric disorders for eight or ten years, and find it invaluable in the treatment of these diseases, and I would as soon dispense with my calomel as the Antiseptic Powder. It occupies an easily accessible position in my medicine case."

This opinion has been fully indorsed by hundreds of physicians whose names it would be too tedious to mention. Incidentally, however, the clinical experience of I. Saint-Just, M. D., formerly Paris correspondent of the *Medical Brief*, is worth mentioning. He says:—

"In St. Louis, during the summer months, the mortality among children from entero-colitis is particularly appalling. With a population not exceeding 600,000, it is not an unusual occurrence for the Board of Health to record a daily death rate of 80 or 90 children. It has been my experience to contribute against my own will and for deficiency in my medical armamentarium to this enormous percentage of mortality.

"I may add, however, as a redeeming point, that since I resorted to Tyree's Antiseptic Powder I never lost more than 1.7 per cent. of my cases of entero-colitis in children, and in most instances I was called too late or the patients were more or less tuberculous. For this reason I do fully not only endorse but recommend to my fellow-practitioners the use of Tyree's Antiseptic Powder. Its composition, I understand, is well known to the medical profession. It contains five grains each of menthol, thymol, eucalyptol, gaultheria, and carbolic acid, triturated under very heavy pressure with borate of soda, the blandest of all alkaline salts, and with dried alum, the mildest of all potash astringents.

"In my estimation the direct effect of the *trituration* under this heavy pressure is to enhance the aseptic and antiseptic properties of carbolic acid (the most powerful of the phenol group), which otherwise would prove harmful. Undoubtedly Tyree's Antiseptic Powder is the remedial preparation which deserves the consideration of the true practitioner."

Dr. M. E. Chartier, of the faculty of Paris, France, has expressed also in no unmeasured terms a favorable medical opinion of Tyree's Antiseptic Powder, which, by the way, has passed the experimental period, particularly in the successful treatment of cholera infantum and kindred diseases.

"There are," he says, "no specifics in medicine, yet it may be claimed to some extent, if medical reports, furnished in good faith, are to be believed, that this antiseptic preparation is truly almost a sure cure for diarrhea, dysentery, and ailments due to identical causes."

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No MORE HEALTHFUL, stimulating, and generally beneficial application can be made to a diseased mucous membrane than Kennedy's *Pinus Canadensis*.

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AN EXQUISITE REPRODUCTION of a remarkable painting practically given away. "The Three Most Beautiful Roses," by Paul de Longpre.

At the urgent solicitation of the *Woman's Home Companion*, Mr. Paul de Longpre, who is the greatest painter of flowers in the world, consented to make a painting of what he considered "The Three Most Beautiful Roses," and the painting is without doubt one of the masterpieces of this great artist. This magnificent picture is reproduced in all its original grandeur on the cover of the *Woman's Home Companion* for June. Although this cover is an accurate reproduction of a painting worth hundreds of dollars, yet the June number, which has this exquisite cover, may be obtained at any first-class news-stand or direct from the publishers for the trivial sum of only ten cents.

Mr. Paul de Longpre is justly styled the "King of Flower Painters." He not only paints roses, but every flower that grows, and is the highest authority on flowers. His paintings are found in the most select homes. Some have sold for as much as seven thousand five hundred dollars (\$7,500).

Artists, art critics, and competent judges all agree that the covers of the *Woman's Home Companion* far excel those of any other magazine.

The *Woman's Home Companion* is a magazine which in beauty and excellence, art, stories, illustrations, fashions, etc., excels all other home and family magazines. The *Woman's Home Companion* is published by the Crowell Publishing Company, New York City, also Chicago, Ill., at One Dollar a year, and is the favorite magazine in nearly half a million homes, where it is read each and every issue by three million people.

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COCA EMPLOYED IN MALARIA.—For centuries coca has been accepted by the Peruvian Indians as a specific for malarial fevers. When the Indians open a grave in search of relics, they chew coca leaves to propitiate the "evil spirits," and it is a fact that those who do not chew the leaves are attacked with a malignant sore throat. So, too, the *Cascarilleros*, or cinchona gatherers, in going to the unhealthful forests in search of bark, "regard coca as a remedy against malaria superior to quinine."—*Mortimer's Peru: History of Coca*, p. 115. Whether coca alone will eliminate malarial poisoning in this climate is not fully established, but it is very probable that because of its influence as a depurative of the blood stream, it may do so. Certain it is that coca can be employed with quinine to advantage. When so used, it wholly prevents that peculiar nervous irritability induced by quinine which is so annoying to many who are obliged to use that specific. Coca is calmative to the cerebral circulation, and in this action is superior to the bromides. In the depression from grippe, a hot grog of Vin Mariani has been advocated by the highest authorities, both here and in Europe, to dispel the nerve-racking malarial

pains in the muscles, and it is positive that if coca is not a true specific for malaria, it is the most useful adjuvant that can be employed in the treatment of the aggravating cachexia and blood impoverishment following that disease.—*Coca Leaf, April, 1904.*

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**TRIFERROL AN IDEAL FERRUGINOUS TONIC.**—This is a very palatable, readily assimilated liquid haematinic and reconstructive, containing 1.5 per cent. triferrin, tincture aurantii aromat, chinæ comp., etc.

Indicated in anaemia, chlorosis, scrofula, rickets, and all conditions of debility.

According to Professor Bunge's now widely accepted theory, the nucleinate of iron represents the first step in the formation of haemoglobin; Triferrol, therefore, since it contains the paranucleinate of iron, exhibits iron in the form of an organic compound, which is almost identical with the iron compound of the blood, and, in consequence, an object has here finally been attained which therapeutists have aimed at for many years.

Triferrol has a pleasant taste, and is, therefore, willingly taken even by children. It is readily assimilated, and rapidly increases the proportion of iron in the blood, and soon trebles the amount of iron in the liver; it does not blacken or otherwise deteriorate the teeth; it does not cause any unpleasant by-effects, such as headache and constipation, nor any digestive disturbances, but is well tolerated, and stimulates the appetite.

Dose: One teaspoonful, three times a day, with or after meals.

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**WHAT ARE YOUR SUMMER PLANS?**—A profusely illustrated booklet of famous resorts for the asking.

"Summer Resorts" is the title of one of the most attractive and handsome booklets ever issued by a Southern railroad. It is just off the press, and copies will be mailed free to all who apply to W. L. Danley, General Passenger Agent, N. C. & St. L. Ry., Nashville, Tenn.

The booklet is profusely illustrated with half-tones of famous scenes, historical and otherwise, and pictures taken around the numerous summer resorts along the line of the road.

It is well known that the Nashville, Chattanooga & St. Louis Railway, the "Lookout Mountain Route," is rich in its historical associations. More important battles of the Civil War occurred along the line of this road than any two others in the South.

It occupies a position of just as much prominence in the "Summer Resort" field, as it traverses a country that occupies the same standing in this particular in the South that the highlands along the Hudson River and the Adirondacks do in the East.

The booklet gives a description of these summer resorts and for what

they are especially noted. Detailed information is given concerning hotels.

The Assembly program at Monteagle, the most famous of all Southern summer resorts, is given in full. Information is also given concerning the summer school at that place and the Monteagle Bible Training School. As a kind of supplement, the booklet contains information concerning schools along the line of the road. Information as to railroad rates is also given.

Those who intend to spend the summer away from home or to make a trip will find themselves well repaid by writing for one of the booklets.

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SECOND ANNUAL MEETING OF AMERICAN ASSOCIATION OF STATE MEDICAL JOURNALS.—The American Association of State Medical Journals will meet in the parlor of Hotel Portland, Portland, Ore., on Tuesday afternoon, July 11, at four o'clock. The following program is announced:—

1. "An Outline of the Policy Controlling Medical Advertising in the *Journal of the American Medical Association*," George H. Simmons, Secretary of American Medical Association.
2. "The Aspects of Medical Advertising," Philip Mills Jones, Secretary-Editor California State Medical Association.
3. "Controlled and Ethical Advertising from the Standpoint of the Advertiser," E. Elliot Harris, M. D., Chairman of Committee on Legislation, New York State Medical Association.
4. "The Function of the State Medical Association Journal," James B. Bullitt, Secretary-Editor Kentucky State Medical Association.
5. "The Possibilities from a Business Standpoint of Concerted Action on the Part of State Medical Journals." A general discussion of this subject by all those interested is invited.

DR. PHILIP MILLS JONES, San Francisco, Cal., President.

DR. JAMES B. BULLITT, Louisville, Ky., Secretary.

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THE RUTHERFORD COUNTY MEDICAL SOCIETY met at Murfreesboro, Wednesday, May 3, 1905. Dr. J. J. Rucker addressed the Society on the subject of "Normal Labor," and Dr. S. H. Woods on the "Puerperium." Both subjects were discussed by the members present.

Those present were: Drs. E. A. Speer, S. C. Grigg, D. C. Huff, J. J. Rucker, J. B. Murfree, Sr., J. E. Mays, W. J. Engles, W. E. Youree, S. H. Woods, E. H. Jones, *President*, and Rufus Pitts, *Secretary*.

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WHEN an internal mucous astringent is indicated, in such cases as cholera infantum, etc., Kennedy's dark *Pinus Canadensis* should be given in an alkaline medium.

LOCAL ANALGESIA IN THE OFFICE TREATMENT OF ANO-RECTAL DISEASE.—J. Rawson Pennington, M. D., Professor of Rectal Diseases, Chicago Polyclinic, in an article in the *Journal of the American Medical Association*, April 8, 1905, says he has discontinued the use of cocaine, finding that in many cases the toxic effects were alarming. He has used sterile water anesthesia, as suggested by Gant; but the injection causes considerable discomfort and even pain in some cases especially those of acutely inflamed thrombotic piles and abscesses. Normal salt solution, being isotonic, is more satisfactory, the salt preventing irritative symptoms. But when injection must be made into the deeper tissues or the operation is prolonged, he uses the following solution:—

Beta-eucain lactate.....	3 gr.
Sodium chloride.....	11 1-2 gr.
Adrenalin chloride solution.....	10 minimis.
Distilled water.....	3 1-2 ozs.

According to Barker of London, who has made valuable contributions to the literature, the entire quantity can be used. He injected as much as 6 grains beta-eucain hydrochlorate and 20 minimis adrenalin chloride solution without noting ill effects. Matas of New Orleans and others used larger amounts. To make the solution, put into an Erlenmayer or Jena glass flask 3 1-2 ounces of distilled water and add 11 1-2 grains of chemically pure sodium chloride and 3 grains beta-eucain lactate. Boil for 2 or 3 minutes; when cooled to body temperature, add 10 drops adrenalin.

The author used this in radical operations for protruding and non-protruding hemorrhoids; interno-external thrombotic and cutaneous hemorrhoids; polypi and prolapse, fistula, fissure, ulceration, abscesses, sacral dermoid, lipomas, condylomatas, and secondary operations for colostomy.

Since experience demonstrated that effective and radical treatment can be accomplished in the office or in the patient's home, without his going to a hospital, taking an anesthetic, and remaining there for two or three weeks, the author believes that another forward stride has been made in the treatment of selected proctological cases.

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NEW ORLEANS POLYCLINIC.—Eighteenth Annual Session opens November 7, 1904, and closes May 20, 1905. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work.

For further information, address New Orleans Polyclinic, Post-office Box 797, New Orleans, La.

Pyelitis.—Howard A. Kelly, M. D., Professor of Gynecology, Johns Hopkins University; Gynecologist-in-Chief, Johns Hopkins Hospital, says the following in a paper on "The Treatment of Pyelitis," read before the Medical Association of the Greater City of New York, March 13, 1905:—

"Urotropin is the most valuable remedy we have to-day; it is also useful in preventing the disease (pyelitis) where previous experience has shown that we might expect an attack, as for example in a patient with acute fever with a dilated kidney. It is of most service, I believe, in recent cases of colon bacillus infection."—*Medical Record, April 8, 1905.*

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THE ANASARCIN CHEMICAL CO.,  
Winchester, Tenn.

GENTLEMEN:—Yours of March 16 to hand. The sample tablets were duly received. After some delay we were able to get a supply through the jobber, and now have them as needed. I had a case of general anasarca, albumin in very large quantity, and great disturbance of the circulation, due to uncompensated valvular lesion, in which I had exhausted all the stock, orthodox remedies without benefit; in fact the patient was steadily getting worse, voiding only xii to xx ounces of urine and breathing rapidly and with great distress nearly all the time. I expected an early demise, and commenced the treatment that you recommend only as a dernier resort. Within three days there was improvement, which has steadily continued. The elimination of urine gradually increased to 30, 40, then 60 to 80 ounces a day, the tumultuous heart was steadied, breathing improved in quality, insomnia disappeared, albumin lessened. Now, after two months or a little less, the patient is practically well. There is no unsteadiness of the heart; the breathing is easy and he goes to bed and sleeps all night; there is no edema, and there is no albumin in the urine, of which he voids about 50 ounces per day. He is now taking four tablets a day and expects to get to his business as soon as the weather moderates a little. I had a parallel case, only more chronic, with an acute exacerbation, in which there were almost similar results, but not quite as satisfactory, owing first to the chronicity of the kidney trouble, an old interstitial nephritis, and secondly to the intractability of the patient; but on the whole the results were satisfactory, and much more so than I could expect from any other line of treatment that I know of.

The ordinary diuretics and heart remedies disturb the stomach to a marked degree, whereas there seems to be improvement when taking the remedies suggested in your booklet.

Within a few days I have put another patient on the treatment. His trouble was inability to make the slightest exertion without the

most dangerous and distressing form of dyspnea; in this case there was very pronounced regurgitant murmur, general venous congestion, no albumin or edema. Six weeks treatment has made very little improvement; urea was excessive, urine about xx ounces. One week, taking four tablets per diem, has made a marked improvement.

Yours truly,

J. K. STOCKWELL, M. D.

Oswego, N. Y., April 15, 1905.

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PREVENTION OF PUERPERAL FEVER.—B. Crede, in the *Centralblatt für Gynäkologie*, Feb. 11, 1905, says he thinks that it is just as important to sterilize the internal genitals after childbirth as it is to instil the prophylactic silver solution into the eyes of the newly born child. Conditions, of course, are much simpler in the case of the child's eyes, but the principle of preventing development of lurking germs is the same. He regards Zweifel's idea to evacuate all blood clots as a very fortunate one. Extensive experience has proved that collargol is perfectly harmless for the purpose and is a powerful antiseptic and catalytic which kills or attenuates the germs in the uterus or vagina. If systematically used, it would reduce greatly the number of deaths from puerperal fever. Collargol is introduced in the form of a suppository pushed high into the vagina or cervix or into the uterine cavity after delivery, the opening into the vagina then being loosely tamponed with gauze. The formula for this collargol vaginal ball is:—

R. Collargol; talc. pulv., aa gr. 15; olei cacao, dr. 4 1-2. M. ft. globuli No. X.

Suppository and gauze can be renewed at need. The collargol penetrates into every crevice, sterilizes the secretions without injuring the living cells, and, to some extent, is absorbed. Even if infection be already present, it is attenuated, but in this case more energetic measures are necessary. The author irrigates with a 1 to 2,000 or 5,000 collargol solution introducing a suppository to act during the intervals with other measures as indicated, using as a last resource intravenous injections of 8 to 10 cubic centimeters of a 2 per cent. collargol solution.

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BRAINFAG, from worry, overwork, or excesses of various kinds, is quickly relieved by the use of Celerina, in teaspoonful doses three times a day.

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IN THOSE PUZZLING CASES of menstrual derangement where all other known remedies fail, Aletris Cordial Rio often cures.

ROBINSON'S LIME JUICE AND PEPSIN is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See ad page 17, this issue.)

OBSTETRICS.—The most important cases that I find necessary for the use of Glyco-Thymoline are confinement cases where there is a tendency to septicemia, using well diluted with the ordinary fountain syringe. I generally direct the nurse to use one ounce of Glyco-Thymoline in one quart of water, injected well up to uterus each night and morning, and I am always gratified to see inflammatory conditions pass away. In case there is any foreign substance left in the uterus I always inject the agent direct into uterus with uterine douche.—*J. Harold Lail, M. D., Ingalls, Ind.*

SANMETTO IN NOCTURNAL EMISSIONS, AND PROSTATIC AND URETHRAL TROUBLES.—I have been using Sanmetto ever since it has been before the medical profession. Sanmetto, as prepared only by Od Chemical Co., New York, has never disappointed me, but substitutes have. The scope of usefulness of Sanmetto is much more, in my humble opinion, than has ever been claimed for it. In nocturnal emissions resulting from self-abuse, I have found Sanmetto very nearly a specific, as well as in all prostatic affections. For a number of years Sanmetto has been my sheet anchor in gonorrhreal troubles. It is one of the proprietary medicines that we could not well do without.      *L. L. JANEWAY, M. D.*

*Whitewell, Tenn.*

ANTIKAMNIA.—(*Therapeutic Indications.*) Antikamnia is an American product, and conspicuous on this account and because of the immense popularity which it has achieved, it is to-day in greater use than any other of the synthetically produced antipyretics. The literature is voluminous, and clinical reports from prominent medical men in all parts of this country, with society proceedings and editorial references, attest its value in actual practice in an endless variety of diseases and symptomatic affections, such as the neuralgias, rheumatism, typhoid and other fevers, headaches, influenza, and particularly in the pains due to irregularities of menstruation. Antikamnia has received more adverse criticisms of a certain spiteful kind, particularly directed against its origin—and because of its success—than any other remedy known; critics have seemed personally aggrieved because of its American source, and that it did not emanate from the usual "color works," but their diatribes have fallen flat, as do most persecutions and unreasonable and petty prejudices. The fact stands incontrovertible that Antikamnia has proved

an excellent and reliable remedy, and when a physician is satisfied with the effects achieved, he usually holds fast to the product. That is the secret and mainspring of the Antikamnia success. It is antipyretic, analgesic, and anodyne, and the dose is from 5 to 10 grains, in powder, tablets, or in capsules taken with a swallow of water or wine. When prescribing Antikamnia, particularly in combination with other drugs, it is desirable to specify "in capsules," which are rice-flour capsules, affording an unequaled vehicle for administering drugs of all kinds.

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## Reviews and Book Notices.

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**WELCH AND SCHAMBERG ON ACUTE CONTAGIOUS DISEASES.** A Treatise on Acute Contagious Diseases by WILLIAM M. WELCH, M. D., Consulting Physician to the Municipal Hospital for Contagious and Infectious Diseases; Diagnostician to the Bureau of Health, etc., Philadelphia; and JAY F. SCHAMBERG, A. B., M. D., Professor of Dermatology and of Infectious Eruptive Diseases, Philadelphia Polyclinic; Consulting Physician to the Municipal Hospital for Contagious and Infectious Diseases, and Assistant Diagnostician to the Philadelphia Bureau of Health, etc. In one very handsome octavo volume of 781 pages, illustrated with 109 engravings and 61 full-page plates. Cloth, \$5.00, net; leather, \$6.00, net; half morocco, \$6.50 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

The authors, from years of faithful study and abundant clinical experience, are peculiarly well equipped to furnish precisely the practical information which the every-day physician needs, and they have succeeded in presenting this knowledge fully and clearly in a style of diction which makes reading a pleasure as well as a profit. The Philadelphia Municipal Hospital offers almost unlimited opportunities for the consideration of contagious diseases, and the work is based upon the personal study of the many patients who come daily under the charge of the authors; thus there have been studied nearly ten thousand cases each of smallpox, scarlet fever, and diphtheria, in addition to the very many cases of the other diseases discussed, such as vaccinia, measles, chicken-pox, rubella, typhus fever, etc.

Diagnosis and symptoms are given the thorough attention they deserve, and as the volume is intended primarily to be a

practical guide to the practitioner who may not have had the advantage of a large clinical experience in this field, treatment both medicinal and non-medicinal, hygienic measures, disinfection, etc., are all covered with careful, complete details.

In illustrations the book is rich indeed; the pictures alone are easily worth the price of the book. It is a work which should find a readily accessible place on the shelves of every practicing physician.

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**PRACTICAL PROBLEMS IN DIET AND NUTRITION.** By MAX EINHORN, M. D., Professor of Medicine at the New York Post-Graduate Medical School and Hospital, and Visiting Physician to the German Hospital. 8vo, cloth, pp. 64. Wm. Wood & Co., Publishers, New York, 1905.

This little booklet consists of six very practical chapters, being a collection of papers written by Dr. Einhorn which have appeared in medical journals, and will be of considerable interest to both students and practitioners, who as a rule do not pay sufficient attention to so important a subject. In fact, we are rather too prone to rely far too much on the administration of drugs, devoting too little attention to dietetics and other hygienic measures.

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**SURGICAL DIAGNOSIS, A Manual for Practitioners of Medicine and Surgery.** By OTTO G. T. KILIANI, M. D., Surgeon to the German Hospital; Member of the New York Surgical Society; of the Surgical Society of Berlin (Germany), etc., etc. 8vo, cloth, pp. 449. Illustrated by fifty-nine full-page plates and engravings in the text. Wm. Wood & Co., Publishers, New York, 1905.

In this most excellent addition to medical and surgical literature the introductory chapter gives the various methods of examination and how to carry them out properly. The special part has been arranged in anatomical order, beginning at the head, after the method of von Bergmann's Handbook of Surgery.

In most instances he gives the concensus of opinion of the best recognized authorities, and where surgical questions are of too recent date to have been decided definitely, he gives his own personal opinion, founded on experience.

The tables are all original except in a few instances, where

proper credit is given; and with the exception of a few figures, re-drawn after illustrations in standard works, the cuts are original.

It is a most excellent and valuable work, and will enable the practitioner to decide definitely and correctly many questions decidedly difficult as to whether an operation is advisable or not. The operations which may become necessary, and the selection of the particular operation, as well as the prognosis, have been mentioned only when important for the practitioner to know them when proposing operation to the patient.

The opinions are lucid, the statements concise, and the language plain and simple.

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"**ARONIA GASTRICA**" (Abdominal Relaxation). By **ACHILLES ROSE, M. D.,** and **ROBERT COLEMAN KEMP, M. D.** 12mo, cloth, 215 pages, illustrated. Price, \$1.00, net. Funk and Wagnalls Co., Publishers, 44-60 East 23rd St., New York, 1905.

The object of this book is to present facts which demonstrate the relations of abdominal relaxation to a number of pathological conditions, and to show the importance of these relations in regard to the etiology, pathology, and therapy of the diseases of the stomach, the abdominal organs in general, the organs of respiration, of circulation, and the nervous system. The book also describes and treats on the significance of the plaster strapping as the most rational therapeutic measure.

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**ARNEILL'S EPITOME OF CLINICAL DIAGNOSIS AND URINALYSIS.** A Manual for Students and Practitioners. (Lea's Series of Medical Epitomes. Edited by **Victor C. PEDERSEN, M. D.**) By **JAMES R. ARNEILL, A. B., M. D.**, Professor of Medicine and Clinical Medicine in the University of Colorado, Physician to the County Hospital and to St. Joseph's Hospital, Denver. In one 12mo volume of 244 pages, with 79 engravings and a colored plate. Cloth, \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

This is the seventeenth volume of Lea's Series of Medical Epitomes, and Dr. Arneill has furnished a fit companion to the others of this series.

It contains an enormous amount of up-to-date information on laboratory investigations and clinical diagnosis, skilfully condensed, simply and clearly stated. The sections on the blood and urine are very full, but sufficient consideration is also given to the examination of stomach contents, feces, sputum, many bacilli, cerebro-spinal fluid, milk, etc.

Illustrations are freely used wherever they can help to a better understanding of the text.

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### *Selections.*

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WHY DOES THE SOUTHERN NEGRO ESCAPE THE RAVAGES OF SYPHILIS?— When we compare the effects of syphilis on the white and colored races, we are struck with the remarkable fact that the negro escapes the disastrous sequelæ of late constitutional poisoning almost entirely; and added to this we may say, whether he is treated or not for the malady.

Of course this broad statement is likely to be questioned by those who have not given the subject careful study, and who have assumed that syphilis affects all alike and runs about the same course in the average case.

But the negro of the South, especially the out-of-door laborer, is not an average case—he is an exception—and as far as we have observed, the black negro (we do not mean mulattoes and mongrels), whether in or out of doors, possesses a remarkable immunity to the graver constitutional forms of syphilis. It is true, primary syphilis attacks the negro with even more severity than it does the white man, but it practically goes through him—affects him thoroughly, gives him cutaneous lesions, and knocks him around generally. But the negro who lives on good, plain food, leads an out-of-door life, especially in the sun, avoids over-indulgence in alcoholics, wisely avoids saturation with the iodides—in fact, neglects standard lines of medication—will, after one summer of sweat and sunshine, find himself with a sleek hide and all of his syphilis left behind.

We have treated thousands of cases of syphilis in white and colored patients, and this has been our observation. According to the conditions existing among the colored race, there should be ten times as much syphilis among them as among the whites. According to the ignorance and carelessness of those afflicted with the disease, there should be ten times as much constitutional trouble as we would find among the whites; and yet how many negro children do we see born with hereditary syphilis? We will venture the assertion that it is an extremely rare thing to find a negro baby with hereditary syphilis, though the idea is very prevalent that the negro race is all syphilitic. It is a popular belief, but an erroneous one, certainly so far as chronic constitutional infection goes.

Now what are we to learn from this observation?

The first important lesson is that there is a decided difference between a negro and a white man! Some people seem to think there is none whatever! Apart from any facetiousness, we wish to say that it teaches us that syphilis is eliminated from the system by the emunctories, and is not antidoted and neutralized altogether by drugs administered. We believe that the negro sweats out his poison, and improves his reconstructive elements by his exercise and labor in the open sunlight, which stimulates digestion and assimilation.

The next lesson — and the most important one — is the minimum amount of drug poisoning he gets in treatment. We have for many years seen the direst results follow over-zealous and indiscriminate drug administration in the hands of inexperienced practitioners, and many woeful cases have fallen into our hands in which the mercurial and iodine poisoning had wrought havoc which was charged to a malady which could have been cured long before by milder and more rational and scientific measures.—*C. A. Bryce, M. D., in Southern Clinic.*

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THE DISORDERS OF THE NERVOUS SYSTEM ARISING IN THE COURSE OF CHRONIC NEPHRITIS.—W. M. Leszynsky says that, aside from the various neurasthenic manifestations occurring in patients with chronic nephritis, many of the transitory subjec-

ive nervous phenomena arising during the course of the disease are the result of uremic (or possibly other) intoxication in varying degree, while nearly all of the transitory objective nervous phenomena, and the more permanent and incapacitating or fatal complications are primarily due to the concomitant arterial disease. Hence palpable evidence of arteriosclerosis and high blood-pressure is usually of the greatest significance. The many forms which the nervous disturbances attendant on nephritis assume are described in detail, and several illustrative cases are cited in which the failure to recognize the uremic condition underlying symptoms apparently of nervous origin led to serious results.—*Medical Record*, May 20, 1905.

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THE TREATMENT OF WOUNDS WITH PERUVIAN BALSAM.—The writer treats wounds such as usually occur in large factories by first cleansing the surfaces with sublimate solutions, and then dropping pure Peru balsam over the bruised areas and applying gauze immersed in balsam. The dressings should be changed every two or three days. The wounds heal quickly and are easily kept clean. The gauze does not adhere to the wounds, as occurs in using dry dressings, neither does it macerate the tissues like moist dressing. He has also treated varicose ulcers with fairly good results.—*So. Med. and Surgery*.

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THE CURABILITY OF EARLY PARESIS.—C. L. Dana, New York (*Jour. A. M. A.*, May 6), suggests that paresis, like tabes—with which it is closely related as a parasyphilitic disorder,—may be arrested in its earlier stages. By "arrested" he does not mean the well-known remissions of the disease; in these, he says, there still remains a certain amount of paretic mental impairment, but he rather means a complete disappearance of all evidence of degenerative changes in the brain. He reports a number of cases illustrating his contention, in which symptoms decidedly indicative of paresis appeared, characteristic mental changes, convulsions, Argyll-Robertson pupil, etc., but which disappeared under treatment, and the patients remained well for

various periods under observation. The treatment generally consisted in complete change of life, antisyphilitic medication, preferably hypodermic, hydrotherapy, and attention to the general nutrition. He says there is no *a priori* reason why paresis in its early stages may not be sometimes cured, and he holds that the cases he here reports point that way, and indicate the importance of an early diagnosis and treatment of this disorder which has been heretofore considered incurable.

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SUGGESTION.—F. J. Runyon, Clarksville, Tenn. (*Journal A. M. A.*, May 6), calls attention to the need of a proper mental attitude toward the power of suggestion, which, as he says, "runs like a thread through every method of treatment, wise or otherwise." He also notes the dangers of self-deception in medicine and of drawing deductions from imperfect data or without due power of discrimination. While suggestion is often a power for good in the hands of the physician, it is one that may be abused and result in great and lasting harm. It is the main instrument of the pretenders; he reviews some of the noted instances of their exploitation of human credulity. The point emphasized by him is that the true practice of medicine is the intelligent application of common-sense principles and forces.

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THE THERAPEUTIC USE OF THE X-RAYS.—First referring to his earlier articles on the subject, W. A. Pusey, Chicago, gives (*Journal A. M. A.*, May 13) the results of his later experience with the X-ray. In some disorders, such as hypertrichosis and lupus erythematosus, the results have not equaled expectations; in some others, such as tubercular glands and joints and deep sinuses, the results have been variable, though with some marked successes. The value of the X-rays has been most markedly demonstrated in syphilis, tinea, acne, rosacea, lupus vulgaris, blastomycosis, cutaneous carcinomata, and senile keratoses. The value of the X-rays has also been shown in hyperhidrosis, inflammatory dermatoses, pruritus, nevi, keloid, sarcoma, and as a prophylactic after operation for malignant disease. In some other

conditions, abdominal tuberculosis, actinomycosis, mixed tumors of the parotid, there has been apparent benefit from the X-rays, but Pusey does not feel inclined, from his experience, to make any very positive generalizations. In the deeper situated cancers, as might be expected, the treatment is less hopeful, though palliation may be hoped for, and some surprisingly good results are reported. In conclusion, Dr. Pusey gives his latest experience with pseudoleukemia, leukemia, and goiter. In the former he has repeatedly seen clearing up of the glands, but in the only case he has been able to follow up there have been repeated recurrences. In true leukemia he has seen like good effects as regards disappearance of the enlarged glands, but generally without any corresponding improvement in the condition of the blood. One remarkably successful apparent cure is reported, the blood examination revealing normal conditions and the patient apparently well. In some small parenchymatous goiters he has seen reduction in size of the tumor, but in most of his cases no benefit was observed.

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#### MANDRAGORINE TABLETS—A SPECIFIC IN DRUG ADDICTION.

BY O. B. CHRISTIE, M. D., HANNA CITY, ILL.

*The James Alkaloidal Co., St. Louis, Mo.:*

DEAR SIRS:—The case I used your Mandragorine treatment for drug addiction on last June went through the treatment without any disagreeable symptoms at any time during the treatment, and gradually gained in weight and gained in spirit from the first day of the treatment, and says that he has not had the slightest desire for the drug since. Patient had taken at times as high as twenty grains of morphia a day, hypodermically. Your treatment is certainly without doubt a specific in the truest sense of the word for the morphine habit, and I don't believe it could be improved upon. It can be used at home by the patient with the best of results and safety, with little inconvenience to the physician, for there is not a harmful drug in it, but, on the contrary, it builds up the whole system from the first.

I am very grateful for what it has done for my case, and I shall use it in all such cases hereafter.

*November 26, 1904.*

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#### MANDRAGORINE TABLETS IN DRUNKENNESS.

BY WM. H. MURPHY, M. D., DYER, ARK.

*The James Alkaloidal Co., St. Louis, Mo.:*

GENTLEMEN:—After so long a time, I am now ready to report on the results of the case of alcoholism that I treated with your Mandragorine tablets for drunkenness sent me some time ago. It was pretty hard to get him to consent to continue treatment, as I have formerly informed you, but finally got him onto it; and, by the way, I used the two bottles you sent me, alternating with the medicine I promised to return, and long before the last dose was taken he declared himself perfectly free from all desire for alcoholic stimulants. Indeed, he said that the smell of whisky was very offensive to him. This man has been a constant sparer for twenty years, so in order to still prove the efficacy of your treatment it has been three months or over since he left off treatment, and tells me that he has had no desire whatever for stimulants of any kind. Therefore I conclude that this one case is sufficient proof that you have a sure and painless cure for alcoholism, as the patient never complained of anything during treatment, but was cheerful and hearty all the way through, attending to his daily business.

*August 12, 1904.*

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#### MANDRAGORINE TABLETS IN TOBACCO HABIT.

BY C. C. EDSON, M. D., VEEDERSBURG, IND.

*The James Alkaloidal Co., St. Louis, Mo.:*

GENTLEMEN:—Enclosed find draft for two more treatments for the Tobacco Habit. Your remedy seems to be *It*. I have tried many, and this is the first and only treatment that does cure.

*January 18, 1905.*

THE CLINICAL FORMS OF GASTRIC CARCINOMA.—L. Bard (*British Medical Journal*, March 25, 1905) emphasizes the importance of grouping cancers of the stomach according to their clinical symptoms rather than to their mere pathological appearances. He divides them first into two groups, pyloric and extrapyloric. In the former troubles of motility and of passage predominate; in the latter glandular perversions and digestive troubles; hence we have two great clinical syndromes. Each group he again subdivides into forms, typiques, frustes, and larvaees. The pyloric forms, when typical, produce dilatation of the stomach; they are easy to diagnose from other cancers, difficult from other forms of stenosis. There are three varieties: 1. Annular stenotic cancer; 2. Juxtapyloric cancer with secondary stenosis; 3. Prepyloric ulcerative cancer. In Nos. 1 and 3 cachexia is often absent. The distinction between juxtapyloric cancer on the side of the small intestine and primary stenotic cancer is important. The former is separated by two signs. The later supervention of the syndrome of stenosis and characteristic vomiting, which in place of appearing first, as in the primary form, is preceded by a phase of simple dyspepsia, emaciation, and loss of strength; and secondly, the production of hypertrophy of the stomach without a notable dilatation and descent of the colon. Stenosis following late in a patient already anorexic on an organ already invaded and fixed by adhesions cannot exercise on it an effect as powerful as on a healthy organ keeping its digestive power and subject to copious ingesta. Pyloric ulcerative cancer has a slower progress, is more subject to recurrences, and it causes more severe pain and more frequent hemorrhages than the other two forms. The stenosis is more spasmodic than organic and the cachexia is little marked. This variety is the result of cancer developing upon an ulcer. The form fruste is the colloid cancer. This produces pyloric insufficiency, not stenosis; there is no dilatation, habitual diarrhea replaces the vomiting of typical forms, and cachexia is marked. The form larvee is represented by the cylindroidal submucous variety; its cancerous nature is still contestable. It stimulates esophageal trouble, vom-

iting comes on rapidly after food, and there is considerable diminution in the size of the stomach.

Extrapyloric forms: The typical ones answer to the ordinary classical description of stomach cancer. The forms frustets are two: (1) a painful dyspeptic form simulating ulcer or gastritis; and (2) a cachectic form without gastric phenomena. The forms larvae simulate pernicious anemia, cancer of the esophagus or liver, tuberculous peritonitis, etc. The author thinks operative measures are most satisfactory in annular pyloric cancer, ulcerative forms, and the dyspeptic type of extrapyloric cancer.

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PERITONEAL GAUZE DRAINAGE.— W. D. Haggard, Nashville, Tenn., in the *Journal A. M. A.*, May 27, calls attention to the fact that the fancied necessity for drainage after abdominal section has been greatly lessened by the knowledge that the peritoneum can easily dispose of considerable amounts of blood and serum and that accumulations of pus are generally sterile. He calls attention to the likelihood of wound infection from drainage after hernia operations, and to the danger of resulting hernia after infected abdominal wounds, and states that this is infrequent after wounds which have healed aseptically. He advocates drainage through the cul-de-sac of Douglas, and describes his methods in detail. He places the gauze in the abdomen so that, after the operation is completed and the incision sutured, the gauze may be reached through a new incision in the vagina with less danger of infection.

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THE VERMIFORM APPENDIX, considers Sir Wm. McEwen, instead of being a useless organ and a mystery in the human anatomy, has a very important function in assisting digestion. It should be parted with only as a last recourse to save life, being the chief habitat of a micro-organism whose business it is to attack imperfectly assimilated nourishment.— *Am. Med. Jour.*

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THE London Medical Society has awarded its Fothergillian prize for 1905 to Sir F. Treves.

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No. 7

### *Original Communications.*

PROPHYLAXIS OF TUBERCULOSIS, FROM THE  
STANDPOINT OF THE PHYSICIAN.\*

BY J. A. WITHERSPOON, M. D., NASHVILLE.

*Mr. President, Ladies and Gentlemen, Fellow Members:*  
The subject for this evening is one of the most important which could be brought before a medical body or before the American people, from the simple fact that it is the most widely spread disease in the world. It is a disease that strikes at the very foundation of any people's prosperity, from the simple fact that it has a peculiar tendency to attack the young. The idea of your committee in preparing for this meeting was an effort to educate the people.

\*First article of a Symposium held at 72nd Annual Meeting of the Tennessee State Medical Association.

In the first place, I shall try as well as I can in the few moments at my disposal to outline the changed opinion in regard to tubercular troubles. The old idea was that tuberculosis was a necessity; that it was one of those diseases which came down to us by hereditary transmission: that a child born of tubercular parentage could not live, but gradually would shift on down the road of life until he met the end, and that end was tuberculosis. Those of us in the medical profession know that that idea was entirely erroneous. In other words, we know that no man and no woman transmits tubercular infection to the offspring; not one time in thousands of instances does this occur. Now, then, what do we know about it?

Since Koch's immortal discovery of the great cause of this "great white plague," a disease that has decimated thousands, a disease that numbers its victims in much greater numbers than the combined armies of the world ever claimed—when he discovered that that little germ was the actual cause of this trouble, studied its life history, studied methods by which it gained entrance into the body, and studied how it was transmitted from one person to another, in my opinion he bestowed upon the people of the world the greatest discovery since the time of Jenner's immortal discovery of vaccination. What did he teach us? He taught us that a little child, born of tubercular parentage, under proper conditions of sanitation, under proper development by proper hygienic surroundings, under intelligent guidance, could grow and develop into mature manhood or womanhood, live and be a useful citizen, without having this withering blight forever hanging over it. What could be a greater boon to humanity?

We are not here simply for the purpose of curing disease: but the great function of the medical man to-day is to prevent disease, and the sooner we do that, the sooner we will become true benefactors of our race. The longer man practices medicine, if he is an intelligent, careful man, the more he learns that the objects and powers of medicine are very limited in their application; but that when we come to prevent disease, and especially a disease like tuberculosis, then we have no limitation whatever.

I say to you, brother practitioners, in all honesty, that while no man recognizes and honors more than I the wonderful strides that have been made in surgery in the last few years, from the time when Lister first brought out the grand theory of antisepsis, followed by asepsis, the wonderful life-saving methods of skilful surgeons should command the admiration of the world; but it pales into insignificance when we think for a moment what it means to the world to say to them: We have found methods and means by which you do not contract certain diseases requiring the treatment of either the physician or the operation of the surgeon; in other words, prevention is the great battle-cry of progress in medical circles to-day.

How do we hope to prevent tuberculosis? Gentlemen, if we know anything, we know that pulmonary tuberculosis is a disease that never occurs except when directly transmitted from one case to another. We know that every man and every woman and every child that contracts it does it just as surely from another case as a child contracts measles from another case. If we know that, if we know how it is contracted (and I am not trying to deliver a scientific discourse, but am appealing to our side of duty in this line,) — if we know it is caused by infection, as, for instance, the sputum of the tuberculous patient that is allowed to dry and is blown about in the atmosphere, taken into the lungs of healthy persons or those in a weakened or debilitated condition, then we know the best thing to do is to stop that infection when it comes from the lips of the suffering host. If this is true, which we can say to a certainty, then we can at least do something to modify this great scourge of humanity.

How often have we seen a strong, healthy, robust girl, from perfectly healthy parentage, marry some man who had already possibly the infection of this disease in his lungs? How often have we seen a woman month after month discharging her duties as a wife, hanging over a pale and emaciated subject gradually coughing his life away, with sunken cheeks, dilated pupils, standing hour after hour and doing her duty; yet in a comparatively short space of time, unless great care and caution are taken, we notice the flush fade from her cheeks, and gradually a little wasting of

the plump human form. We notice an anemic condition of the lips, a hacking cough, a little incurving of the nails, a slight rise of temperature in the evening, a vivacity that is not natural, and pretty soon she goes as a victim, in my opinion, of neglect on the part of the medical profession. [Applause.] It is our duty to save such cases as that.

It is not my object to-night to speak of great social problems, as to whether a tuberculous patient should marry or not. I know it is not right. But these are questions beyond us. I do know, as well as I know that I am living, that we have a popular opinion in our favor if we can educate the people regarding their own dangers; if we can let every man, woman, and child know that it is a home-bred disease; that it is an infection which comes directly into the home; that the specific poison can be destroyed; that it will not be disseminated, if destroyed properly, then I say to you, gentlemen, you will find that the politicians of the country who may not listen to what the doctor says, and rarely do what he says so far as carrying out the will of the people, let him be a Senator or Congressman or even a politician in your wards, the voice of the public is truly the voice of his political God. When you educate the people to say, "We have suffered long enough from the dissemination of this disease, this terrific poisoning in our midst, and we demand proper laws, we demand their enforcement," then you will find it will not be difficult to lower the wonderful mortality rate of this disease.

Let us take New York City as an example. Several years ago, when Herman Biggs started there, the mortality of that city from tuberculosis was terrific, and yet under his campaign the mortality dropped to over three quarters of what it was. Why? — Because he inaugurated the system of education by house-to-house inspection, the report of all tubercular cases, etc., until to-day he has lowered that mortality rate, and New York City has passed laws giving a large amount of money for the building of institutions to take care of these unfortunate victims.

Gentlemen, do you have any idea what percentage of bodies undergoing post-mortem examinations show that they were infected with tuberculosis? Do you know that ten or fifteen per

cent. of the deaths of the country are from tuberculosis; yet experienced observers report finding this disease in sixty per cent. of all post-mortem examinations, whether this disease was the means of destroying life or not? If the disease is so widely prevalent as this, it is time for the medical profession to start to educate the public as to that danger. If you let smallpox break out, or if you let yellow fever break out, even if there be only one case in the community of either disease, it is enough to paralyze business and stop the wheels of commerce. This is especially true of yellow fever. Everybody hurries away, lest the terrific yellow peril should overtake them. Great councils are called together and laws are enforced to the point of shotgun quarantine: yet yellow fever is a mere bagatelle, in that it does not kill one hundred thousandth part as many people as does tuberculosis, a disease that it is our duty to prevent.

I do not wish to consume too much time, but my heart is in this subject. I know of homes in this city and all over this State where this disease is hovering like a withering blight. I know of communities, one in particular, within fifteen miles of Nashville, where I never call without looking for tuberculosis, simply because it is a hotbed of infection. If this is true, what can be done?

I read a paper on this subject before the Nashville Academy of Medicine in which I presented my views, and I shall in a few words outline what I firmly believe, that it is time the medical profession should wake up to their duties to the people; that the medical profession are the natural protectors and guardians of the health of the community in which they live, and if they are not, if a medical man lives in a community where he has not enough influence to be a guardian of the health of that community, I want to say to you he ought to move out of it, or the community ought to move away from him. Let his light be such that it stands out like a beacon-light on all subjects, and let him be careful that his advice is for the protection of suffering humanity.

How are we to do this? I do not think we can do it without systematic education of public opinion, because it must be done

by law. We cannot advise people about a thing that is ever with them; they do not hear us. If we cannot do that, we can educate them by the systematic writing of articles on the subject of tuberculosis. Personally, there is no man who dislikes public advertising more than I; but if we are to reach the people and educate them in regard to this matter, we have got to do so through the source from which their education must come, and that is the daily press. We can never expect to reach them in any other way. We meet and talk on these subjects, but so long as we do, we are simply carrying out, not a duty, but a scientific discussion, published in our medical journals, which the people cannot have access to and do not read. But if we go to the great reputable newspapers, they are willing to act in the best interests of the people they serve. If you will appoint representatives from this great State Society to write, not for the purpose of advertisement, but for the purpose of giving plain, unvarnished education to the people, teaching them exactly what they ought to know about this disease, its prevention and the precautions they should take, letting them know that it is an infectious disease, letting them know that one case will produce another—if you do this, you will create a popular demand for laws which will be enforced.

I am not one of those who believe that this is unethical at all, but I do not believe it would be wise for any one man to undertake this, or any two or three men; but suppose that this Association should appoint a commission on education of the public on tuberculosis, and suppose they should draw together an audience for the discussion of this subject, write articles, and let them be published and circulated as has been done by the Illinois State Board of Health, it would be a wise thing. The Illinois State Society started with simply an article on tuberculosis written by Dr. Pettit. Shortly after this, pressure was brought to bear on the Illinois Legislature, and I understand that this State Legislature has appropriated, or is about to appropriate, more money for a sanatorium for the prevention and treatment of tuberculosis than any other two or three States I know of, and yet the start was made in that simple way. Now, if the State of Tennessee,

or the Tennessee State Medical Society, would select men of reputation, men of judgment, men who can teach people without going into technical discussions, and let the information be scattered broadcast, as to what they need to know and be judges of what they should know, pretty soon a general popular demand for this would come, and it is for this purpose that we have asked different gentlemen to come here from different professions to show how the whole country is waking up to this problem; to show that the railroad companies, which I am sorry to say are not represented to-night, are taking up this work. Recently, I understand, the Pullman Car Company appointed a superintendent whose only duty it is to look after the sanitation of Pullman cars. The Central Railroad of New Jersey a short time ago put into operation a method for the prevention of infection in cars, and this consisted of a suction apparatus by which all the dust and dried sputum of cars can be drawn in and carried to a crematory and burnt instead of being disseminated by sweeping and things of that sort. This shows that the railroads are waking up to this great problem; people are awakening to it, and if the State Medical Society of Tennessee would simply waken to their duty to the public, then I believe that we would stand in the attitude that any man ought to be proud to occupy, and that is an absolute barrier to the extension and dissemination of the death-dealing poison among the people we love. [Applause.]

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#### PROPHLAXIS OF TUBERCULOSIS FROM THE STANDPOINT OF THE CLERGY.\*

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BY REV. COLLINS DENNY, OF NASHVILLE.

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*Mr. President, Ladies and Gentlemen:* More than most men, I am under large and increasing obligation to the members of the medical profession. It is always a pleasure to me, when I am able, to answer any calls they make to serve them in the

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\* Second article of a Symposium held at 72nd Annual Meeting of Tennessee State Medical Association.

least capacity. My calls on them, however, are more frequent than their calls on me.

I come as a layman to speak to you, a body of experts, on a most important theme. You have courteously invited me to use a few moments of your time; and to speak with any emphasis and profit I must confine myself to one or two points. My appeal shall be made to duty, a motive worthy, true, and lofty, duty based on and necessarily growing out of your knowledge and position. The health of any community is very largely in the hands of the leading members of the medical profession in that community. They have the knowledge that is needed; but they have in addition, what is very often overlooked, namely, that knowledge is not simply power, it is responsibility. Many of us laymen, as we go about our daily avocations, are utterly unaware of the dangers to which we are exposed. If those who belong to the profession with which I have the honor to be connected cannot face Almighty God without the consciousness of fulfilled duty, how can the members of your profession, who have the knowledge and education on this subject, face the responsibility that equally rests upon you for the use of the knowledge you possess and for the welfare of the people to whom you are expected to give such knowledge?

I have little doubt that it rests with the members of the medical profession of the State of Tennessee to do very much more than many of you suppose you are able to do, in educating the people in regard to this and kindred great questions. There are many people in the world who are utterly unaware of the means by which this insidious and wide-spread disease is disseminated. They are utterly unacquainted with any of the remedies, and the advances that have been made to check its increase. They rely upon you; they must rely upon you, not simply for the private instruction they receive, but for that wide-spread public opinion and public purpose which always must lie behind any movement to give it success. People must be given to understand just what it is they are called upon to face, and the responsibility for that belongs almost exclusively to the medical profession.

Ignorance itself is a call to every man who has better knowl-

edge. If you and I know anything that the world ought to know, the obligation is on us to give it to them; and if you and I know anything the world wants to know that will be for their benefit, the obligation is equally on us to give it to them. Now, the members of the medical profession of the State of Tennessee certainly do know what the world needs to know about this dire disease, and let me say to you from my point of view, that it is a matter of duty to give people the knowledge they need for the protection and welfare of themselves and their fellow men.

It is astonishing to those who go from place to place to see the inroads of this disease, the wide prevalence of it, the number of men and women that are being broken down by it, yet most of us know nothing about the proper means to prevent it. We might keep our houses in the hygienic condition that the doctor would, to some extent, approve; but we do not know what steps to take to prevent the inroads of this disease into our own families. Even in the case of some of the familiar diseases, while the remedies are to some extent known to us, yet we call upon the members of the medical profession for individual instruction as to what to do. I feel satisfied from what I have seen, and the opportunity of the clergyman is but little inferior to that of your own, and his efforts to meet what he believes to be for the welfare of the people ought to be equal to yours, as I have gone about among the people, into their families, their homes, and have become the possessor of their confidence, familiar with their troubles and their difficulties, I say I have seen many instances in which I am satisfied a great deal of the woe, a great deal of the trouble, and a great deal of the burden that falls upon them is avoidable, if they only had the needed information.

You cannot expect to begin with the Legislature and ask it for a law to supply you with the means for the prevention of the spread of this terrible disease. We have now hundreds of pages of good law, and only a few pages of good enforcement. You must get behind legal enactment with the power of public opinion. Let me say, so far as I know, outside of the medical profession, the men who are working in spheres in which I work will be glad to co-operate with the medical profession in this or

in any other good work for which they are called upon for co-operation. They will be glad to second whatever instruction they get from the medical profession, as to the best plan and best means to accomplish what is needed for the prevention of this disease. I would let the determination of the means of prevention fall upon the men who know most about this subject, that is, upon the members of the medical profession in every community. I would rely upon you for leadership and for the initiatory steps in promoting the public sentiment that must be aroused if the purpose you have in view is to be accomplished.  
[Applause.]

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### PROPHYLAXIS OF TUBERCULOSIS FROM THE STANDPOINT OF A LAYMAN.\*

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BY CAPTAIN A. J. HARRIS, OF NASHVILLE.

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*Ladies and Gentlemen, and Members of the Medical Profession of the State of Tennessee:* I feel honored, although I think it is somewhat of a mistake on the part of your Secretary, in being asked to participate in the discussion of this subject. I do not feel well enough for this occasion, nor would I be here except for the fact of my duty as a citizen to the people of Nashville and the State of Tennessee.

It seems to me that, from the premises which Dr. Wither-spoon has laid down,—that more than fifty per cent. of the people die from some form of tuberculosis,—this is enough to arouse the benevolent nature of humanity and of the citizenship which surrounds us, to do all in our power for the prevention of this terrible malady. I regard it as one of the most terrible maladies that afflict humanity. It has created more distress and more sorrow in the homes of the people of this country than any other malady on the face of the green earth, and I regard it as the duty of every citizen, of whatever profession, to do all in his power to suppress or prevent this malady. I am very much grati-

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\* Third article of a Symposium held at 72nd Annual Meeting of the Tennessee State Medical Association.

fied to see the medical profession working and struggling as they are doing to educate the people of this country as to the nature of this disease and the prevention of it.

It has always been an old fogy idea with us that seventy-five per cent. of the people of the country have been educated to the belief that this disease is hereditary, and I am very glad to hear the pronounced opinion of our distinguished Dr. Witherspoon upon this subject. I remember hearing him, when I was President of the Chamber of Commerce a few years ago, deliver a very able address upon the subject of hygiene, in which he emphasized the facts which he did to-night, and I am glad to know that the physicians of the State of Tennessee are endeavoring to educate us upon this great question. We need to be educated on it. We need, fellow citizens, to be aroused to the great duties of citizenship, so that we may take up our arms to prevent such an enemy from existing in our midst, when remedies are pointed out by which we can, to some extent, eradicate the disease. We are all guilty day by day of doing something that might increase the disease or develop it.

I wish every member of the Legislature of Tennessee had been here to-night to hear the addresses just delivered. I wish every member of our city Council were here, so that they might be benefited by the instruction which we have received.

It is a shame that we have to drink the water we do, and that we have to raise our children to drink slop in the city of Nashville. I feel disgusted when I go to the bath-tub to take a bath. I have been fighting this for years in the city of Nashville. When I was President of the Chamber of Commerce, I had this matter called to the attention of the citizens frequently, but it seems to have been of no avail up to this time. It is a great shame upon a city of 125,000 that we are permitted to drink such water, and to raise our children upon such filthy stuff as we have. [Applause.]

Dr. Witherspoon has enunciated the fact that this disease is not hereditary, and that children who are born from parents who have tuberculosis can be raised and strengthened by fresh, pure air, good water, and good food. That should be a very

important factor in stimulating us to try to remove all the evils which exist.

I was very much affected about a year ago. My wife and I were going into the State of Texas, and we were joined at New Orleans by a gentleman. We got on a beautiful observation car, and soon made his acquaintance. By his side sat his beautiful daughter, who had the pallor of death upon her face; while he was a magnificent, stalwart specimen. He introduced me to his daughter, and in a conversation said that she had been North finishing her education, had taken cold while there, and now she had tuberculosis. He said he was going to Colorado or somewhere in the West in order to try to restore her health. My sympathies were drawn to that beautiful, sweet girl, full of charm and intellect, who yet looked as though she could not live to finish her journey. I received several letters from that gentleman (and a splendid gentleman he was, a man of extraordinary social qualities), and heard that his health was failing. He lived in the mountains of North Carolina; and a few days ago one of the gentlemen belonging to the house with which he was connected came into my office. I asked him about this man, and was informed that he was dead. He had contracted the terrible malady from the daughter whom he had nursed and cared for so long. This is a sufficient example to prove that this disease is contagious.

About a year ago I had a young man in my employ to whom I was much attached. Practically, I raised that boy. He came to me when he was ten years of age, and asked for a job. Really, I did not need him, he was too young, yet I took great pleasure in giving him a job. This boy went to school every day, working in the afternoon and on Saturday, and grew up to be a splendid young man, one whom I loved and felt I could not get along without. He had an attack of typhoid fever about eighteen months ago, and after he recovered from it he had hemorrhages and contracted tuberculosis. He went to his physician, and asked him what he should do. The physician replied, "You must get out of town at once." The boy was confused and distressed; he did not know what to do. He said to the doctor, "I want to work along

during the summer so as to have a little more money, and I want to keep my engagement with my employer; can I not go away in the fall?" The physician replied, " You must go tomorrow." The poor boy did not know exactly what to do. He left us, and went to Los Angeles, and there he is fighting the battle of his life. I am gratified to say that he is improving, and the chances are very favorable for his recovery.

I have mentioned these facts, Mr. Chairman, in order to impress upon the people that this disease is contagious, and it becomes our duty to fight it by trying to improve our hygienic conditions: fight it by trying to get the City Council to give us better water; fight it by inducing the members of the Legislature to give us better air, less smoke, less dust, and one of the most important things, which I feel some delicacy in mentioning, is the expectoration upon our streets. This is abominable and shameful [Applause]. We should put our veto on this, and every man who expectorates on a street-car ought to be fined. If a man is obliged to expectorate, he should go to the side of the street, where it may be taken up with the waters of the gutter. It is a shame to see men who have the filthy habit of spitting on sidewalks. It is not only a great shame, but it is a danger to which they expose others in contracting disease. It is a shame to the refined, elegant ladies who walk our streets. It ought to be stopped. I have ridden in street-cars in Nashville, and have seen how filthy they were from expectoration. It is disgraceful. Go to the city of New York, and you will find if a man expectorates on a street-car in that city, he is fined \$5. I beg to refer in a very delicate manner, to the universal practice of kissing, which I regard as very conducive to the spread of the disease. In the home of an eminent physician whom I know the children are taught to turn their cheeks to be kissed, and not their lips.

I am very glad Dr. Witherspoon referred to the immense advantages that are likely to accrue to the cities and States of the country which have taken up the matter of fighting and preventing this disease. I believe the day is coming in this city before a great while (and I am glad the medical profession has already been thinking about it, and the people have been thinking about it),

when we will have a magnificent Protestant sanitarium in which we can have an opportunity to do great work.

We ought to be more benevolent. The spirit of commercialism has seized us all, and in the language of the distinguished physician [Dr. Happel] who just read a paper, we are too much inclined to observe the eleventh commandment and Golden Rule which he quotes, and get every dollar we can get, and whatever we put into our pockets we never expend for the purpose of doing good in the world. Let us be more benevolent, and do what we can to assist the unfortunate people of the community who have this disease. Let us do something so that we may feel that we are more worthy to be called the children of our heavenly Father. [Applause.]

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#### PROPHYLAXIS OF TUBERCULOSIS FROM THE STANDPOINT OF THE DAILY PRESS.\*

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BY MR. G. H. BASKETTE, OF NASHVILLE.

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*Mr. President, Ladies and Gentlemen:* The keynote of this occasion seems to be prevention. The best means of prevention is publicity, and pre-eminently the best means of publicity is the press. Our community, our State, and our nation are behind the times in this matter of prevention. The Japanese have astonished the world by the record of mortality in their army. The phenomenal smallness of the death-rate in the Japanese army is unexampled, beyond all expectations of the world, and has caused the world to stand surprised. The secret of Japanese success in this respect is the foresight and precaution taken in the way of prevention. In the Japanese army and navy the surgical and medical departments are on a par with the military. They are given high rank, and their profession is magnified to the full point of its usefulness. When a detachment is sent out from the Japanese army into an unknown country, as, for instance, Manchuria, it is preceded by a medical staff, physicians whose

\* Fourth article of a Symposium held at 72nd Annual Meeting of Tennessee State Medical Association.

duty it is to examine the water of the springs and wells, and to post notices near these springs and wells, so that the troops, when they reach these places, may know what water to drink and what water not to drink.

It has been very well stated here a number of times that the world depends upon the medical profession for its knowledge of disease and of its treatment; but the medical profession has been chary in making popular the information which it possesses. The medical profession seems to be content to confine its discussions to its own associations, and to leave the world to do the best it can in acquiring much of this very necessary information. Of course, we can understand that the deeper and more exhaustive scientific investigations into disease, the nature of disease, and its causes, make it more difficult to explain to the masses; but there is a world of truth and of information which you possess which ought to be in the possession of the people.

The best means to bring this information to the people is the newspaper. It is the only means by which the public can be informed. Your medical journals never reach the people; your society discussions never reach the people. You yourselves, as close as you are to the people in your profession, never reach the public in the sense of making yourselves felt as an influence in promoting this and other sanitary measures which are necessary for the public welfare. The physician is very close to his patients and to the family, but the people at large are not close to your profession. Your profession is a rather close corporation.

If you will permit me to say so, you have a code of ethics which seems to separate you from the public at large, and the people regard you as somewhat technical and separated, and not in touch as you ought to be with them, and they ought to be with you. The way to get in touch, in my opinion, with one another is through the newspapers.

I listened with a great deal of interest to the first paper read this evening, which touched on some unethical features of professional conduct, and I was impressed with the idea that the doctor is a little too cautious about the newspaper and his relation to it. A doctor will put up his sign or placard to advertise

himself, but he shrinks with holy horror from using his newspaper in a professional way. He thinks that it is a sort of advertisement which does not comport with the dignity of his profession. Time was when doctors put their cards in the newspapers to give the public rational and very proper information that they were there to serve them. It was a legitimate way of letting the people know that they were ready to wait upon them. Nowadays it seems that if a physician should place his card in the daily newspaper, simply announcing that he is a physician in regular practice, he would subject himself to the severe criticism of his brethren, if not some severer punishment. Yet from a long newspaper experience, I have never yet observed a single instance in which a surgeon or a physician entered grievous protest against the use of his name in a news item which accorded to him the honor of having performed a notable operation or of having attended a notable case. In this wise the doctors get considerable advertising. Take up any of the papers of the city of Nashville, and every now and then you will see that some surgeon or physician gets a tremendous advertisement by the mere statement of something he has done; yet if you ask him to put his card in the newspaper, he will say to you, It is entirely unethical and unprofessional. [Applause.]

Now, there is a common sense way of looking at things. Because quacks and charlatans exploit themselves in the newspapers, to the disgust of intelligent people, is no reason why the doctor should shun the newspaper as a means of giving information to the people.

When it comes to the question of utilizing the newspaper in this great work of informing the people and enabling them to adopt means to prevent the spread of this terrible disease, there is something more to be done than for associations to make declarations about the terrible character of the disease, or to make declarations of the course and measures which ought to be adopted for the suppression, the elimination, or prevention of the disease. The doctor, in my opinion, must get closer to the people. He must not act merely as a member of an organization, but he must act as a public-spirited citizen, without fear of any-

body's criticism, and do what he can as a man of information and knowledge, well-versed in his science and in his profession; do what he can to help newspaper men in promoting this general work among the people. The people will be reached by the newspaper, and the people will be influenced by the newspaper if the work of influencing them is systematically promoted. It will not be by simply publishing the proceedings of this medical association, or by the printing of learned treatises upon tuberculosis, or even by publishing a statement in popular language about this disease and about the means of preventing it. It will not be done by that; it will have to be done by constant education. You may take hold of a sledge-hammer and strike a rock with it; you will see a white spot. You may strike in the same place, and there is simply a white spot, but if you keep on striking, presently the rock will crack. That is the way the newspaper influences the public, by constantly calling attention to a thing, and by constantly reiterating, counseling, and advising.

In this matter of promoting sanitary measures necessary for the prevention of tubercular infection, the newspapers can do a great work, and they will help you to do this work. The newspapers do more free and voluntary work for the public in any line than any other agencies we have. It is expected of them to do it, and yet they often go to the extent of exerting themselves, of making a special effort, to promote public good in these lines, not because they are expected to do it, but because some good can be accomplished by it. What the newspaper wants in this matter—and I can assure you the newspapers will be ready and prompt to do everything that can be done—is some assurance from the medical profession, upon which they have to depend, that they will go at this work in a way that is not narrow, that is not confined to purely technical questions; that they will go to work like citizens, and not be afraid because they put their names in the papers they are doing something unprofessional.

I am the son of a physician, a physician who made a reputation in his profession, and I have profound respect for the medical profession; but I do get tired of what it calls its code of ethics, because, in their jealousies and in their disposition to narrow and

cut down their own liberties in the use of the press, physicians weaken themselves as a force outside of their professional services.

The medical profession in Tennessee is a great profession, composed of men of influence and standing. Every physician has an influence in the community in which he lives. All of you can do a great deal in your respective communities. You will find physicians and surgeons here as well as in other places who are prominent in public movements, who take an important part in promoting measures for public good, and they are effective, and they are very valuable, and yet when it comes to something which is associated with their own work, you will find them holding back, stepping inside of the wall, so to speak, which they have put around themselves, and which they call the code of ethics.

I believe there are no more liberal-minded and public-spirited citizens in the world than physicians. They ought to have a sympathetic touch with the mass of the people, because they are in touch with the people's diseases, and they get in close touch with the families. There is no one who is held in more sacred relationship than the family physician. He is honored and trusted as no man in the world is trusted. The minister is not trusted as the physician is trusted. If the medical profession could in some way get in sympathetic touch with the masses of the people, and exert their influence for good, they could do a world of good, and in this special matter of encouraging and of educating people to adopt sanitary measures for the prevention of tuberculosis, the doctors and the newspapers can revolutionize things if they go to work in the right way.

It is useless to make a law, as has been stated here, for this thing, unless you educate public sentiment. Most laws are made not for you and me. We have laws against murder, laws against larceny, but they do not affect us. We do not want to kill any one or steal anything. We may enact laws against spitting in public, against this and that practice, and they will be observed only so far as public sentiment supports them and maintains them. The statute books have many dead letter laws in them

that are not enforced, and will not be enforced until public sentiment enforces them. If you would make effective sanitary laws, you must educate the people, and the main medium of education that goes into the homes of the people is the newspaper. You cannot arbitrarily enforce a sanitary law in a man's house, because that is his castle. You may prevent him, in case of an epidemic, from going around. You may quarantine him to prevent the spreading of disease to others. Yet necessary sanitary laws, which will prevent this sort of infection we are speaking about, will have to be enacted, and enforced by educating the people in their homes and letting them see how important it is to protect themselves. Your medical journals won't do that. The great masses of people in the cities and outside of the cities have no medical attendants who will instruct them, advise and guide them in all these things. If you want to reach the masses, you must reach them through the newspapers, and the newspapers are always ready, always willing, always alert, always prompt, to do anything that will promote a cause like this. [Loud applause.]

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## MELANCHOLIA.\*

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BY S. T. RUCKER, M. D., MEMPHIS, TENN.

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*Definition.*—The word melancholia is from two Greek words meaning "black bile," and so called because it was supposed the condition was due to a disorderéd function of the liver. Now, melancholia is recognized as a mental disorder, a form of insanity, and is characterized by great mental depression and gloomy forebodings. Melancholia is the most common of all mental diseases. Sanitarium and asylum records show that acute mania is decreasing, while the number of cases of melancholia is increasing.

*Etiology.*—Heredity is encountered in about fifty per cent. of the cases. Ill-health, mental strain, worry over financial affairs, domestic troubles, and disappointment in love are also factors

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\* Read at 72nd Annual Meeting of the Tennessee State Medical Association.

largely responsible for most cases of melancholia. Auto-infection undoubtedly plays a considerable role in some cases. Pregnancy, especially in primipara, is an aggravating cause, and generally begins about the third or fourth month. Prolonged lactation may cause melancholia by inducing general debility and anemia. The puerperal state does not so often produce melancholia as pregnancy and lactation. Severe forms of agitated melancholia are occasionally associated with chronic alcoholism. The sobering up after a prolonged spree or debauch will precipitate an acute attack of melancholia, not infrequently ending in suicide.

This psychosis is observed at any age, most common in young adults. Females are more often affected than males. At puberty it is commonly associated with excessive masturbation.

*Symptoms.* — The access of melancholia is almost always gradual. At first it may be only a feeling, which takes no definite shape, and there may be no delusions. Every thought and every thing in the environment simply has a sorrowful color. When questioned, the patient simply says he feels depressed, or he has the blues. The morbid feeling constitutes the disorder. This has been called Simple Melancholia.

The symptoms vary from this simple state of dejection to a state of profound depression, in which the patient is either paralyzed by the dreadful nature of his concepts, or is thrown into a state of agitated suffering, associated with marked precordial distress and a peculiar pain in back or top of head.

There are many degrees lying between these extremes. Some are strangely quiet and non-communicative, while others make noisy and agitated demonstrations of their grief. I have under treatment now two cases representing these two different types. One is a woman with religious melancholia, who had made three unsuccessful attempts at suicide. When she was brought to my place she was extremely quiet and still. She would sit in one place with head bowed down low and to one side. Had absolutely nothing to say, and was indifferent or apathetic to all questions put to her. The other was a Jewish woman, who was greatly agitated over a delusion of poverty, when in reality she was well-to-do. She was greatly agitated both in mind and body. She

would walk to and fro, wringing her hands and crying in a most frenzied manner over the supposed poverty and distress that had overtaken her family. She complained of the precordial distress, a choking sensation, and had obstinate insomnia.

There is often a rhythmic oscillation of the state of depression during the day, or from one day to another. The depression is at its height in the early morning (when suicidal tendencies present themselves), being followed by a recession, with another exacerbation toward night. Very often patients sleep better on alternate nights, and manifest intense emotional depression on alternate days. In some cases presenting what is known as the apathetic form of melancholia, the patient complains that he is affected neither by things cheerful nor grievous, pleasant nor painful, that he has no longer any love for family or home.

Peripheral sensation may be absent, with complete analgesia. This condition was present in a recent patient, who had attempted suicide by choking herself with a cord and by opening the radial artery with a hatpin or paper-knife. She said the gouging and cutting of the instruments caused no pain.

Illusions and hallucinations are observed in many, but not in all cases of melancholia. When hallucinations are present, they usually affect most of the senses, and are terrifying and dreadful in character. The patient sees ghosts and phantoms of dead persons, hears voices which reproach and threaten him, or the sounds of ponderous machinery which is being prepared to mutilate and torture him. He smells and tastes horrible things, and so on.

A noteworthy symptom of melancholia is a slowing of the thought process and a retardation of memory. The attention is difficult to gain; several minutes are required to answer the simplest question, and sometimes no answer is given at all.

The delusions of melancholia may take almost any form. If the patient be of a strong religious bias, he believes he has committed an unpardonable sin, and is doomed to everlasting punishment, or is to be buried alive. Often such delusions have some basis in fact, and are connected with some trivial error or imprudence of his past life. They may say they are not sick,

but only wicked. That they have not only committed sin against God, but against society. In hypochondriacal melancholia there is some fancied physical ailment, like consumption, cancer, syphilis, impotence, incurable disorders of the chest, stomach, and so on. For instance, I was examining a patient recently, when he said that his chest was laid open and his heart and lungs were exposed; also that the ligaments and muscles of the hip joint were torn loose, and that his leg was just hanging by a few shreds; consequently he was incurable and absolutely beyond all hope. Most melancholiacs hold tenaciously to the idea that they are incurable. Suicidal tendencies are observed in every type of melancholia, and no wonder, when the sufferer feels his whole existence, mental and bodily, overwhelmed by anxiety and gloomy forebodings. In some instances the condition is so miserable, wretched, and despairing that existence becomes intolerable.

Homicidal attempts and violent assaults are occasional in melancholia. A melancholy mother kills her children to put them out of an unhappy world. A melancholy lover kills a supposed rival, or even his sweetheart and some member of her family. The refusal of food is almost the rule in all forms of melancholia. Sometimes a refusal rests on delusional foundation. The patient thinks he cannot digest his food, that it does not pass through him, that he is too poor to pay for it, that he is too wicked to eat, and must pay penance. Or he may refuse food with deliberate suicidal attempt.

The bodily symptoms, like the mental, are aggravated. Sleep is scanty, or there may be obstinate insomnia. There is a rapid loss of flesh with anemia. The pulse is usually subnormal in frequency, though in the agitated form it is accelerated. The peripheral circulation is retarded, and the extremities are cold. The tongue is foul and the breath offensive. Constipation is present in most cases. Amenorrhea is frequently induced in women.

*Varieties.* — There are three varieties of melancholia, the acute, subacute, and chronic, according to the degree, rapidity of inception, and the duration. Certain symptoms of these types have given rise to terms expressive of the condition, as melancholia

passiva, used to describe cases of the flaccid order, with great motor inhibition; melancholia agitata, where there is mental and motor excitement; acute hallucinatory melancholia, a form accompanied by numerous delusions and hallucinations; hypochondriacal melancholia, a form associated with delusions of physical maladies, and so on.

*Pathology.*—There is no known pathological anatomy for melancholia. It is considered a functional disease of the brain. It seems reasonable to suppose, however, that there is at least a pathological histology; that there is a morbid condition in cell or tissue metamorphosis, due possibly to cerebral anemia in the flaccid, depressed variety, and to cerebral vascularity in the agitated form with motor excitement. May we not have changes in the brain in these conditions, similar to those which occur in the sunken, pallid cheek, produced by fear and grief; or the flushed cheek, which occurs when the brain is excited by emotion?

*Diagnosis.*—Melancholia can hardly be mistaken for acute mania, as in melancholia there is a slowing of the thought process; while in acute mania there is an accelerated flow of ideas, and the maniac is unusually cheerful and talkative. He laughs, sings, and dances. Perhaps the most common condition with which melancholia is confounded is a depressed stage of general paresis. The chief points of distinction are the intellectual defect always demonstrable in paralytic dementia, the pupillary changes and the facio-lingual tremor, and greatly accelerated or lost deep reflexes. Besides, in general paresis, the history or signs of previous syphilis and the age, forty to sixty years.

Hallucinatory paranoia is another condition that is sometimes hard to distinguish from melancholia. In paranoia there is the ever-present delusion of being persecuted, while in melancholia there is a want of fixity and systematization of delusions.

*Prognosis.*—The prognosis in melancholia is very favorable. A large majority of them get well. Fully 90 per cent. recover. It is also important to remember that recovery may take place after considerable periods of time. Blanford reports three cases of suicidal melancholia in which recovery took place after six, seven, and nine years respectively. Peterson mentions a case of

catatonic melancholia that recovered after being treated three years, two years of which time she was in a most abject and pitiable condition, at times even cataleptic and filthy in her habits. The more favorable cases, however, recover in from three to six months.

*Treatment.*—Unfortunately, in the milder degrees of melancholia, an attempt at suicide is often the first intimation to friends of the actual existence of insanity, since in these cases, outside of the gloomy mood of the patient, the intellectual processes seem very little affected. It cannot be too strongly impressed upon medical men that all melancholia patients, even those whose disorder seems slight, are apt to commit suicide. We read accounts almost daily in the newspapers of suicides committed by this class of persons; and most lamentable they are, for it is a class, above all others, which is amenable to treatment.

Thorough investigation, speedy separation from relatives and friends, and an early commitment to an institution for treatment, should be the physician's rule in this class of patients. It is found to be almost invariably necessary to remove them from home and the environments in which the psychosis developed; as with familiar faces and objects about them, and the kin offering their help and sympathy, they feel all the more deeply a sense of their incapacity and inability to fulfil the ordinary duties and demands of daily life; and the keenest realization of their condition is brought home to them. There are some mild cases in which moderate travel or a sojourn in the country with a competent nurse for a few months will result in recovery.

The patient must not be left alone day or night. Extreme watchfulness on the part of the caretaker must be observed, while a modified or a complete rest-cure is undertaken. For mild degrees of melancholia, rest in bed from 6 P. M. until noon of next day, with plenty of outdoor exercise during the afternoon, is commended. For the more severe types, continual rest in bed is required.

The loss of flesh found in most cases must be corrected by a full and even forced feeding of easily-digested food. The patient should be made to take considerable quantities of milk and milk

products, raw eggs, meat juices, and some stimulants, when they are indicated. Constipation, which is a common symptom, must be combated by abdominal massage, frequent purgations, enemas, etc. For sleeplessness the prolonged warm bath or hot wet-pack will often take the place of a hypnotic. Chloral hydrate, hyoscine hydrobromate, and trional are useful to procure sleep. A cup of hot milk or soup on retiring is often efficient in mild cases to induce sleep.

To restore the defective nutrition of the brain, iron, quinine, strychnine, and the glycero-phosphates are recommended. Fine results are gotten from electric massage, applied to head, neck, and spine, in most cases. For the precordial distress, electric massage applied over the stomach is valuable. General faradization and massage are useful to take place of exercise in cases taking the complete rest-cure. Static electricity is good in most all cases, for the spectacular and suggestive effect it has on the mind. There is nothing that gives more gratifying results in this class of cases than suggestion, if given with tact, patience, and perseverance. If there is a toxic condition, or if it is desirable to increase elimination through the skin, the hot-air bath, with massage, is indicated.

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## *Records, Recollections and Reminiscences.*

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### ADDRESS OF JNO. S. CAIN, M. D., PRESIDENT OF THE ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY.\*

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COMRADE VETERANS: We meet again in Annual Reunion, in decreasing numbers, with many links missing from our chain of membership, even as it existed at our last reunion. We meet to commemorate an association in one of the great revolutions of history; a conflict of arms for right and justice, as I believe the unprejudiced world would decide, but one of doubtful ex-

\* Read at the Eighth Annual Meeting of the Association at Louisville, Ky., June 14, 1905.

pediency, as many of our countrymen then thought and as the issue demonstrated.

We were each integral factors in one of those seemingly providential upheavals, which nearly every great nation has had to pass through at some period of its existence.

National peculiarities, sectional interests, productive competitions, and defective and indecisive elements in governmental organization, coupled with an unfortunate institution, transmitted to our Southland for a price by those who, after reaping the reward of its introduction and sale, became its piously pretended opposers, and waged a bitter and unnecessary warfare for its extermination. All prompted and seemed to our comrades and fellow citizens of the time, to justify, even to demand, in defense of our honor and the maintenance of our manhood, that we make an effort to free ourselves from the entangling alliance and seemingly undesirable governmental association, by resorting to what had been claimed by other sections of the Union on more than one occasion and generally conceded, a constitutional right of peaceful withdrawal from a voluntary association. Having little else with which to felicitate ourselves, we may conclude that our section was a more desirable factor than those whose right had been conceded and probably would have been welcomed. The expediency of our act was questioned, with the results of which you are all too well and painfully acquainted.

The victory came to the strong and resourceful, as is the general result, and after a long and bloody conflict the banner of our young government was forever folded, and our star of empire set in defeat, but surrounded by a halo of glory of which every Confederate Veteran will feel proud while life lasts.

The expediency of peaceful separation has been forever determined by the final arbitrament of the sword, each party in the conflict learning to respect, if not to love, the other better, and we, the survivors, will live and probably die in the hope of perpetual peace and national quietude.

The valor of our people on the field and in the face of overwhelming numbers, and environments such as but few peoples ever survived and retained their autonomy, was but the shadow.

when compared with the heroism, forbearance, and genius with which they met the more cruel war and pent-up venom of the stay-at-home contingent and political adventurers of the enemy, in the dark and rayless years of reconstruction, and finally turned defeat into victory, and evolved from the wreck of a lost cause a higher and nobler destiny than was ever before attained by a defeated and overpowered people.

But one dark cloud yet lingers over our side of the horizon, which will gradually fade into nebulous attenuation before the sunlight of the wise and righteous forbearance of our people. This, with all the mutterings of discontent and threatenings of dire results, while a subject which will for yet a long time, under the pressure of fanatical instinct and sectional hate, requires wise manipulation. Still this is but the summer's cloud as compared with the ominous mutterings which come from the other sections of the country and the threatenings of the hydra heads which rear their crested forms in a score of attitudes, and render the possibilities of the future cognizant only to the wisdom of Omnipotence.

The war between capital and labor, the oppression of the masses to enrich the classes, the slavery worse than African, of extortionate wealth and combined capital, the rapid and unrestricted influx of foreign offscourings, the threatened strikes which overawe local and State authorities, and demand the centralizing interference of the general government for their suppression, the fomentation of the conglomerate and explosive civilization, composed largely of the conflicting elements ejected from the Old World, are all and many more to be reckoned with in the dream of millennial peace.

The grim veteran, the Puritan of the rock-ribbed East, and the descendants of the Huguenots and Covenanters of the palmy South, live in spirit and in truth and confront each other as unconcedingly as in the past. Their civilization is the least corrupted and their American blood is of the purest strain in the land, and the seemingly improbable may come about in the future, when the Puritan and the Huguenot and Covenanter, the

New Englander and the man of the Sunny Southland, may join hands in the struggle to re-Americanize this our country.

No conflict along sectional lines will ever occur again, but if conflict comes, as seems not impossible, it will be truly internecine and revolutionary, such as marred the fair face of beautiful France with its charred and blackened ruins; fostered and provoked on the one hand by the grinding avarice and crushing power of perverted wealth and the slavery and oppression of organized and corrupting capital, and on the other hand by the growing agrarian spirit, inherent and cultivated. The result will be as has always been when the oppressed and overpowering multitude becomes stirred with the madness and hunger of revenge. Then it will be, that those who represent us, if still true to the cause for which we fought and suffered, and uncontaminated by alien influences, will hold the scales of justice and become the hope of the land.

In our annual reunions we can but dwell upon the narrowing circle, the lengthening shadows toward the sunset of life, the multiplying mile-stones along our journey, and the missing links in our chain of membership, and feel that the time approaches when what is said and written of that great epoch which constitutes, no matter what we may have been or done otherwise, the most prominent factor in our life histories and probably the most valued heirloom to be transmitted to those who will bear our names, must be completed or the records made up, from which the impartial historian of the future, far away from the passions and sectional animosities, which will die out very slowly, may do what has not yet been done, write a true history of the causes, struggles, and results of our conflict, a history of which I am sure our posterity will not be ashamed. And as the medical records of our young and ill-fated government were practically destroyed with the Surgeon-General's effects at the surrender, the materials out of which this history shall be written must be the work of hearsay evidence, except so much as may be culled from the recorded personal utterances of those who were participants in the conflict.

Therefore it becomes a sacred duty of every one connected

with the Medical Department of our Army, to leave some data, however simple, so that when the time arrives to make up this impartial history of one of the greatest national conflicts of modern times, it may be preserved, and serve to establish facts or to refute misrepresentations, often the more important of the two..

In this spirit and in obedience to the custom and requirements of this noble organization, to the head of which you unexpectedly and probably injudiciously elevated me one year ago, I come to contribute my mite, humble as it must necessarily be, to the common stock of historic and reminiscent material.

The share of your speaker in the great conflict was an exceedingly humble one, but he hopes not wholly without its influence for the common cause, for he who performed his duty and employed the talent entrusted to him to the best advantage, even in the humblest position, morally deserves as much honor as he who commanded legions.

The very fact that our armies, quadrupled in opposing numbers and outranked in equipment and facilities of every kind for carrying on an offensive warfare, did for four long years meet, and on every field when not completely overpowered by numbers, defeat the opposing hosts, was due not alone to the quality of the officials in charge of affairs nor to superior sectional characteristics, but to the personal character of the units who composed the armies and the high incentive which prompted them to action, coupled with their inherent soldierly worth.

While soldierly obedient to the commands of superiors in rank and position, thousands of men in the line were as competent to command as were those at the head of the armies, and in the constantly recurring instances for individual discretion and action, made their influence felt by voluntary acts of heroism and judgment, and while one leader with the dash and daring of a Forrest and the judgment of a Lee, was leading in front, a multitude with the same characteristics was following with as much intrepidity as their invincible leaders; such a force of integral characters was irresistible, as was demonstrated on many a victorious field and largely gave to our armies, inferior in numbers and

equipage, a success which has challenged the admiration of the world and won acclaim from those who opposed us.

After a few months' service as a private in the ranks, your speaker became a surgeon in the service, which of all positions affords the best opportunities to judge of the character and motives of those who compose the commands under his charge. While the Surgeon's commission came after a service in the line and came rather graciously, it was of early date enough by seniority of commission to advance him to the rank of Senior of his Brigade, and later to that of Chief Surgeon of his Division, which happened to be that of General Patton Anderson in the Army of Tennessee, from which positions my army observations were made, remaining a surgeon in the field until the shades of defeat settled upon our cause at High Point, North Carolina.

My illustrious predecessor, at our last reunion, discussed in a paper worthy of a place in the archives of our most sacred temple, one of the hospitals hurriedly erected and organized in the presence of a great emergency, illustrating not only the humane instincts of our people, but also their capacity for action when occasion requires.

"The brave  
Love mercy and delight to save."

My field of vision during the war was focussed upon a different sphere, and during the whole time of my service I did not look within a hospital, except what we termed for the want of a better name, a field hospital. My work was in the field, where disease came mostly as the sequence of exposure, privations, hardships, and wounds as the heritage of bloody conflicts. Each position had its duties and interests, each was replete with environments which taught valuable lessons, and furnished an insight into the character, spirit, and determination of the hosts with which the officer was brought into contact; and as the spirit of a people engaged in a great revolution must figure largely in its history, I talk to you briefly of the characteristics and material make-up of our soldiers and Medical Department in the field, and the advantages and disadvantages which con-

fronted the surgeon in his work at the front; for while we were necessarily trammelled by many disadvantages as compared with the well-provided and equipped department of our adversaries, still we had our advantages, chiefly in the character of the individuals with whom we had to deal.

One of the first points of observation which could not escape the notice of any unprejudiced person was the superior personnel of the men who made up our Confederate armies, especially in the early years of the war. Our men very generally entered the service from motives of patriotism, with no thought of remuneration, which they well knew could not be expected, consequently the best material of the country constituted the army; while on the other hand the Federal armies were composed chiefly of the lower classes, who went into the service as they would have accepted any other job or situation when out of employment, because it promised better pay and probably better living than they had been accustomed to. The result when the forces met in conflict was just what might have been expected, the first battle of Manassas was an illustration; the conflict was largely between men fighting for their homes, rights, and liberties against hirelings who fought to retain their job.

A similar condition prevailed very largely in the Medical Department of the armies. The South had at the commencement of the war, in every important section, medical men of first-class acquirements who had received the best training at home and often abroad. This class of physicians were the first to enter the service, because the whole interest of the Southern people was centered in the brave men who were going forth to do battle for their rights, and the clamor was for the best class of physicians and surgeons to accompany them. The result was, that only the less competent members of the profession, with the exception of those who were disqualified by age or other cause, were left to look after the professional work at home, which from the simple and abstemious life during the war, was unusually light. The result was, that no army was ever better officered medically, than were the Confederate forces, and this prevailed during the entire war, improving with ex-

perience; and the good which was done by this corps of competent medical officers for the survivors of our lost cause will probably never be duly appreciated.

How was it on the other hand? With the exception of a few first-class men at the head of departments, the medical contingent of the Federal armies was inferior, the better class of people remained at home, and the better class of physicians remained with them. So the result came about that their regimental surgeons were often men who would have scarcely filled the requirements for steward in our corps; hence the superiority of our field work, despite the lack of facilities and equipments, a fact which I think was patent to all observers and often remarked upon, where recent operations were necessarily left upon the field by the sudden falling back, which frequently occurred with both armies, and offered facilities for comparison.

All were then alike ignorant of the great laws of aseptic and antiseptic practice, now known to be so essential to surgical success, and in consequence conservative methods were not so much practiced as would have been the case if our knowledge and facilities for carrying out the requisite technique had been as at the present time.

The character of the injuries, however, was largely such as did not admit of conservative consideration. I do not call to mind during the time of my service in a single case of sabre or bayonet wound coming under my notice; the injuries were chiefly gun-shot wounds, inflicted by the large missiles with which our armies interchanged compliments at that time, and the injuries were so pronounced as to render amputations and radical methods imperative. Still I am sure if we could have had the means at hand to make aseptic operations and guarantee from subsequent infection, that vastly more conservative work would have been done by our surgeons and many limbs saved and lives spared which were unavoidably sacrificed.

I think that the idea of conservatism, even with our environments at that time, increased as we observed and acquired experience in this line of work, new to most of us. Resections and efforts to save parts of members was practiced much more in the

latter than in the early period of the war. I made several resections in the upper extremities and preserved useful functions, where amputation would have been the only thought-of treatment at an earlier date. The commander of my brigade, Gen. W. F. Tucker, retained a useful hand and forearm, with a resection of four inches out of the shaft of the humerus, in which case the consultants advised amputation as the only hopeful treatment.

Many of our Southern surgeons at the commencement of the war were either pupils or disciples of the immortal Dr. Dudley of Transylvania, and were thoroughly imbued with his teachings, of the virtue of hot water lavement and thorough cleansing in all surgical procedures; this was very generally accepted among Southern surgeons of that day, and where possible to, put into practice. It was somewhat identical with the aseptic methods now practiced, the hot water as used by Dudley was necessarily sterile, and the thorough cleansing of the surgical field left it fairly aseptic, despite the neglect of the sterilization of sponges, instruments, etc.; and where cases had this method of treatment upon the field and were not subsequently infected in transportation or in hospital, many recovered without suppuration, as is the rule now. This one idea of this greatest of American teachers, and with it the recognition in every soldier of a man and equal who deserved our most careful and painstaking skill, accounts largely for the success of our surgical work.

These careful and painstaking methods, however, applied to only certain occasions, for often during engagements we were so much overwhelmed with surgical demands, that proper care could not be given to every individual case; again, men were frequently wounded upon the march and in running fights, when all manner of improvisatorial expedients became necessary. In such emergencies we were frequently compelled to employ the tail gate of a wagon as an operating table and the driver as chief assistant. In such instances the cases surviving the casualties of the hour went to the local hospitals as unfavorable exponents of the painstaking skill of the field surgeon.

The mortality among the soldiers from disease, according to my observation, was infinitely greater than from the direct casualties of the war; this was a matter over which the surgeon in the field had but little control; the laws of hygiene were suborned to the demands of the military, and our business was to meet and combat disease as presented, and when means failed to send the soldiers to the local hospitals.

The bulk of the diseases was due directly or indirectly to the exposures of camp life, irregularities in habits, especially in sleeping and eating, the character of food, and often imprudence in its consumption.

The most common disease manifestation was in the intestinal tract in the form of diarrhea and dysentery; these came frequently as the sequellæ of the, in adults, amazingly numerous attacks of measles, to the direct and subsequent effects of which disease, was our armies indebted for a vast amount of mortality.

Thoracic diseases were not so numerous in the commands over which I had supervision as one would have supposed, from the nature of the service and the necessities for exposure.

The only contagious or infectious disease, deserving mention besides measles before mentioned, was smallpox. The dread and consternation occasioned by the outbreaks of this disease was much out of proportion to the mortality or damages produced.

There were but few deaths, and in consequence of the prompt isolation of the cases as they occurred and the precautions with which the unaffected avoided the quarantine retreats, the cases were comparatively few. It prevailed, however, in a typical form, and was a very different appearing affection from the atypical disease which has prevailed so widely of late years under the name of smallpox.

Vaccination was very generally practiced, the commands with which I was connected, except the immune, were vaccinated to a man. This was necessarily done by the arm-to-arm process, as we had no bovine virus at that time. I kept an accurate record of all cases vaccinated, and so far as I could follow them, noted the results; unfortunately, my records were lost in the final break up, and I was unable to work out conclusions. I feel that it would

be an interesting and instructive theme for some one who had a much larger field for observation than I possessed, to write up the observations and conclusions, as to what was the cause of the exceedingly variable and often peculiar effects of the vaccination of that period.

In many instances the vaccinations were perfectly typical, passing regularly through all the stages of development, maturity, and desiccation, leaving perfectly typical scars, and so far as my observation went, affording protection; while in other individuals through whose systems it had previously passed. This suppurating and sometimes sloughing were produced; this result, however, occurred among the citizens outside the army as frequently as among the soldiers. A popular opinion prevailed that the virus acquired toxic or septic contamination from the individuals through whose systems it had previously passed. This theory was scarcely tenable, for these entirely different results were produced from the same virus, nor would the idea of septic contamination in the operation of introducing the virus account for the phenomenon, for I know of instances where as great care was exercised as could be at this time, and yet the same fearful ulcers occurred. It occurs to me that the subject of vaccination during the war would be a very instructive subject for an essay from a scientific standpoint, after making exhaustive research into the observations of men yet living who were direct participants.

An important observation made by the regimental surgeon, especially at sick call, was at variance with our preconceived ideas as to the comparative endurance of men from the various walks of life. I know in my own early experience I felt great commiseration for the young men whom I had known as clerks, professional and business men generally in the towns and cities, believing that the hard life and irregular habits of a soldier would soon drive them from the field or send them to hospitals and into retirement, and that the onus of the work would rest upon the sturdy farmers and laborers, who had been accustomed to rough work and coarse fare; but the careful observation of these classes soon dispelled the fallacy, and showed that the former class bore the privations and exposures of army life

better than the latter. I have heard various explanations of this observed fact.

Again, in probably all of your regiments were to be found a number of young boys, who, impelled by some feeling near akin to patriotism, enlisted in the service; these boys, usually from fourteen to sixteen years of age, as a class, made the very best soldiers in the service, and so far as my observation went (certainly in the regiment over which I had supervision), never sought to avoid duty by any of the schemes too often practiced by their seniors. I feel that these brave and patriotic boys deserve a special place in our war records, and hope that some Veteran will yet feel it his duty to publish a history of every special command, if for no other purpose than to individualize and do justice to this class of our comrades, many of whom yet live in the prime of vigorous manhood, while most of us are far out on the receding shores of time, and must soon pass over to the other side.

Another observation as a field surgeon corroborated and confirmed an early conceived opinion which I had never lost sight of in my former professional work; I allude to the dominating and controlling influence of the mind or will over the functions and recuperative energies of the physical system. This was an observation of daily occurrence with the surgeon. The Confederate armies were largely made up of material peculiar and different in its nature from most armies. Our population at the beginning of the war had but few adventurers, unstable searchers after place and employment, miners, operatives, and the migratory class in general, which composed a large proportion of the population of the other section of the country, and which was as well off in one place as in another. Our soldiers had homes, local ties, families, and something to live for beyond the day and occasion. Their homes and families were largely subject to the raids, robberies, and depredations of the enemy, except so far as protected by the valor of a few dauntless and watchful leaders like those "wizards of the saddle," the immortal Forrest and Morgan. It was therefore natural and unavoidable that they should feel deep anxiety about their homes and families.

beyond their reach and often for months beyond their power of communication, even while in the army, and much worse when confined in Northern prisons. That nostalgia, mental worry, and depression should exist to the point of disease production and repair prevention, even among the higher class of men, was no wonder, but the marvel and everlasting credit was, that it did not produce worse results.

One of the grandest characteristics of our soldiery, and one which should be commemorated, was their self-sacrificing devotion to principle. No soldiers were ever perhaps so tempted to abandon the cause for which they fought and endured privations and hardships, as were those of the Confederate Army. Thousands were confined in loathsome prisons, subjected to all the privations of prison life, with the barbarous interdiction of an order from "the best government," etc., prohibiting the exchange of prisoners; our men, however, had ever before them the privilege of restoration to said government upon condition of swearing allegiance thereto, and yet, with but few exceptions, they suffered and endured to the end rather than prove recreant to their cause and principles. If the Confederate government should have promised such amnesty to Federal prisoners, it is safe to say that a majority would have embraced the opportunity to free themselves from prison life. But notwithstanding this great devotion to principle and country, still it is not within the power of human nature to cease to feel mental worry and anxiety about the loved ones at home, and I can call to mind many cases of disease, some even to death, having their origin in nostalgia alone, with consequent depression to vital and recuperative energies. In view of this fact I made it a rule to recommend for furlough all wounded who could bear transportation to their homes, as well as all sick, where this element was detected.

Much has been said about the difficulty of obtaining medical and surgical necessities in the field during the war, much of which was true, but frequently overdrawn. In consequence of the energy of our medical purveyors and the liberality of the enemy in yielding up their stores when surprised and forced to abandon them, kept us in a reasonable supply of all essentials.

and with my idea of simple and non-complex therapy, quite adequate to the wants of the sick.

Nearly every surgeon carried with him into the service a reasonably sufficient surgical armamentarium, which was in some instances supplemented by imported instruments through blockade channels and others furnished by the generosity of our adversaries, like the other supplies mentioned before. Believing that a great multiplicity of instruments is often more for show than use, and that the true genius of the surgeon consists in using as few as possible, which can often be extemporized for the occasion, I feel warranted in saying that we did not suffer materially for the want of surgical instruments. For myself, my armamentarium was re-inforced by an entire outfit with the surgeon's ambulance, which he had abandoned in his anxiety "to live to fight another day," and which was captured upon the field and turned over to me. The operating case I still have as a memento, and as it was a U. S. case, I have never since we became friendly felt called upon to return it to him, as I would have tried to do if it had been individual property.

Our chiefest want in surgical work was in surgical dressings. The good women at home, whose patriotism and noble inspirations and help have been so often lauded and not yet half told, when they could get supplies to us, furnished clean bandages and compresses from the old family linen, and scraped lint which served in lieu of the sterilized cotton and gauze of to-day. This very often could not be had when most needed, and our dressings were often very far from aseptic orthodoxy, even at that time.

I have sometimes left surgical fields without dressing, preferring the open wound treatment of Dr. Wood to filthy dressings, and where the cases were kept at the field hospital for a few days, which was usually free from pathogenic micro-organisms, the cases did well.

In conclusion, Comrades, I have an item or two of advice to give and even urge upon you, which, like the medicine we have been accustomed to give, is usually more graciously given than taken; still I know that your good judgment will approve of this

advice. As before stated, we the direct survivors of the cause we love and are here to commemorate, are growing fewer year by year and our opportunities for fulfilling the measure of our duties are growing less as the days go by. There is no class of the army, which by reason of education and facilities for observation is as competent to write of the thousands of details which came under observation, as the surgeons and medical officers. I want to urge every one of you to write something of your command or of the department with which you were associated. We have organs, the *Confederate Veteran* and the *Southern Practitioner*, either of which will publish it, and like all reminiscent matter, it will be preserved after you have passed away.

In view of the aforesaid annual decrease in our numbers, it seems a foregone conclusion that unless something is done speedily, our organization will in a few years become a thing of the past.

Our Constitution provides for the meeting of this contingency by the election of new members in the Association. In addition to surgeons and assistant surgeons who were actual participants in the war, also Contract Surgeons or Acting Assistant Surgeons, Hospital Stewards, Chaplains, and Physicians who are sons of Veterans, are all eligible to membership; this is a rather large contingent, not so numerous as pensioners in the U. S. government, but a class more deserving of the reward.

There are many who were actually in the Medical Department of the army who have for some reason not yet come into our organization. I want to urge you to look up all such in your sections, and to appeal to them to come in with us without further delay and labor with us, and also to arouse an interest in the other contingent classes, so that those of us who are spared to attend the next Annual Reunion may witness a rousing outpouring of Medical Veterans and their sons such as has never been witnessed on any previous occasion.

*Editorial.*

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**MEDICAL DEPARTMENT, UNIVERSITY OF NASHVILLE—COMMENCEMENT EXERCISES, SPRING SESSION.**

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THE commencement exercises of the Spring Session of the Medical Department, University of Nashville, were held in the University chapel June 30, 1905. In the absence of the Dean, Prof. W. G. Ewing, M. D., Prof. S. S. Crockett, M. D., presided. After prayer by Rev. Felix R. Hill, Prof. M. C. McGannon, M. D., delivered the Faculty address, in which he gave the students some sound advice as to their relation to themselves, to their patients, and to the world at large.

The Valedictory was then delivered by Walter Chalmus Middleton, M. D., of Louisiana, who spoke briefly and pointedly, and in conclusion expressed the regret on the part of the class in leaving the pleasant associations, and surroundings of the University.

In presenting the class to Chancellor Porter for the conferment of the Degree, Professor Crockett called attention to the fact that this class had received identically the same training as that of the Fall Session, who had received their degree three months prior; to the long-felt want which this Spring Session had supplied in the South; and to the excellency of attendance and scholarship of the entire class.

Rev. Felix R. Hill then presented the University of Nashville Medal to Dr. Ernest Jones Beckner, of Kentucky, who made the highest average for the four years in the University.

Before the benediction was pronounced, Chancellor Porter called attention to the fact that this would be the last commencement the venerable and much-beloved Prof. Thomas L. Maddin would attend, having resigned his professorship on account of his advanced age. He referred with much feeling to the many ways in which Professor Maddin had furthered the cause of medical education in the South, and called attention to the fact that he held the uncommon distinction of having been at the head of the medical profession in active practice for more than half a century. With the benediction the exercises came to a close.

The following graduates received their Diplomas as Doctors of Medicine: —

J. W. Bartlett, Tenn.; E. J. Beckner, Ky.; H. S. Chatterton, Cal.; M. E. Cogswell, S. Dak.; J. I. Deer, Okla.; P. F. Dickens, Ga.; O. L. Dodds, Tenn.; A. N. Gordon, Tenn.; T. R. Howle, S. C.; C. L. McCallum, Texas; J. E. McDowell, Texas; W. C. Middleton, La.; J. K. Miller, Ala.;

P. E. Mitchell, Tenn.; W. H. Pistole, Miss.; A. G. Sims, Ala.; H. B. Smith, Tenn.; E. D. Wall, Ark.; A. M. Woodward, Texas.

HONOR ROLL—First honor: Ernest Jones Beckner, winner of Nashville Medal. Second honor: Harry Stuart Chatterton; Third honor: Mark Elbert Cogswell.

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#### REVIEW OF THE REPORT OF THE ANEMIA COMMISSION UPON HOOKWORM DISEASE IN PORTO RICO.

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THE Commission appointed by the United States Government, February, 1904, for the *Study and Treatment of Anemia in Porto Rico*, has submitted a report to the governor of that island. This report covers 200 pages, and is printed both in the Spanish and in the English language.

The Commission was composed of experts in their special field, and the amount of work accomplished by these gentlemen, and the exceedingly painstaking manner in which they attended to every detail of the subject, stamps this inquiry as one of the most scientific and thorough investigations ever undertaken in the cause of public health.

As early as 1899 Dr. Bailey K. Ashford, who later became a member of this Commission, discovered the parasite *ankylostoma* in the feces of anemic patients who were then crowding the field hospitals of Ponce. This was the first positive evidence that the disease in Porto Rico known as *anemia*, was not the ordinary form, but *ankylostomiasis* or *uncinariasis*, produced by the parasite sucking the blood, and so prevalent did this disease become during the ensuing years that fully ninety per cent. of the population became affected.

When the Commission appointed by the United States government began its investigation in Porto Rico, it established a hospital consisting of tent-wards, first at Bayamon, and later at Utuado, the most anemic districts of the island. The object of the treatment was first to remove the parasite, and then to cure the anemia.

To kill the parasite, thymol, malefern, and betanaphthol were given, but the preference was for thymol. First the patient received a purge of salts, and then on the following day he was made to fast until one o'clock, and then was given the thymol in doses not exceeding four grams; then another purge was given to remove the bodies of the parasites killed with the antiseptic. The purpose of the first purge was to clear the intestines of the mucus, etc., so as to allow the thymol to act. The thymol and purge treatment was continued once a week until the feces showed no more *uncinaria*.

While thymol kills the parasites and the purges remove them from the intestine, also diminishing the amount of toxines in the system, these

remedies only clear the field for a reconstructive process in the blood which is needful for the restoration to health of the extremely anemic patient.

Iron was given in the severe cases of anemia. *Pepto-Mangan (Gude)* was the only proprietary remedy reported by the Commission, the other remedies used being pharmacopeial preparations. That over eighteen pages of the report should be devoted to cases treated with Pepto-Mangan proves the high regard in which the Commission held this preparation and established the unrivaled clinical value of Pepto-Mangan (Gude) in one of the most severe forms of anemia—that of *uncinariasis*, miner's anemia.

In reading the report of the Commission, the unbiased character of their work stands out clearly, and yet the results obtained point so distinctly to the supremacy of Pepto-Mangan (Gude), that even if numerous other records were not available, proving the therapeutic value of this remedy this report alone would suffice to establish Pepto-Mangan (Gude) once as the foremost hematine known. The eighteen cases in which the Commission used Pepto-Mangan in the treatment of *uncinariasis*, were selected on account of their extreme severity, and thus these cases represent the most crucial test to which any iron preparation can be subjected. The results obtained with this treatment were extremely gratifying. In nearly all of the cases we find such notes as these: "Excellent condition. Completely cured, etc.;" while the difference between the low percentage of hemoglobin (some cases showing 11 per cent.) at the low count of the red cells at the beginning of treatment with Pepto-Mangan, and the nearly normal findings at the conclusion, affords convincing proof of the efficacy of the medication.

A noteworthy fact is that none of the patients showed any digestive disturbance after the administration of Pepto-Mangan, although the remedy was used for many weeks in each case. When we remember the extremely low state in which most of these patients were found on admission, and the fact that several suffered from gastro-intestinal symptoms incident to their disease, this detail is by no means to be underestimated.

The observations of the Commission were made under government control, and therefore the report may be regarded as a supreme testimony to the efficacy of Pepto-Mangan in one of the severest forms of anemia, and is proved beyond a doubt.

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ERGOAPIOL (Smith) may be implicitly relied upon to promptly relieve the most intractable forms of amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, or in fact any disturbance of the menstrual function arising from a disordered condition of the organs of regeneration. It is emmenagogue of incomparable excellence.

**EZEMA SOLARE OR LICHEN TROPICUS.**—If there is a very unpleasant affection, and hard to cure at that, it is assuredly this summer complaint, so well designated under the name of "Prickly Heat." Many specifics have been advocated as a sure cure; very few, however, have been found satisfactory. An exception may be claimed in favor of Tyree's Antiseptic Powder, as it possesses curative as well as preventive properties. Besides, it is quite inexpensive, five or six tablespoonfuls of the powder in a gallon of water are quite sufficient for an ordinary sponge bath, which will act as a preventive. A larger percentage may be necessary to cure the most troublesome cases.

There are to be found in the drug stores many preparations containing boracic acid and talcum. These preparations, generally used in a dried state, have the great inconvenience of clogging the pores of the skin. This is not the case with Tyree's Antiseptic, as it acts as a deodorizing stimulating agent. My attention was called to this fact while attending several cases of severe inflammation produced by poison oak. While no other remedy would give relief, Tyree's Antiseptic in the proportion of two teaspoonfuls to the pint of water allayed the intense pain in a comparatively short space of time.

Similarly I have used the Antiseptic in the treatment of squamous eczema with considerable success. As a rule I give to the patient in the morning a saline purgative in the following shape:—

Dehydrated Sulphate of Magnesia.....	fl. oz. i	!
Citric Acid .....	fl. dram i	
Tartaric Acid .....	fl. dram iii	
Bicarbonate of Soda.....	fl. dram iv.—MS.	

*Signa.*—One tablespoonful in a large glass of water, the dose to be repeated, if necessary, inside of an hour.

Locally, I prescribe:—

Petroleum .....	fl. oz. i	
Tyree's Antiseptic .....	fl. dram ii.—MS.	

*Signa.*—Apply to the affected parts. This ointment I have found also very serviceable for varicose, scrofulous, and syphilitic ulcers.

The skin of children, as we know, is particularly sensitive to heat, producing offensive and profuse perspiration. A sponge bath containing Tyree's Antiseptic will always prove beneficial; besides it is often necessary to dust the skin with the Antiseptic full strength. As a disinfectant it is invaluable. Furthermore, it stimulates the tissues and prevents the unpleasant effect of heat.

This statement, based on actual facts, applies to grown people as well as to children. There is, however, a point to which I desire to call special attention. I have reference to vaginitis and pruritus vulvæ, which are so common among young girls. Local applications of Tyree's Anti-

septic, either diluted in water or in the dried state, act specifically. I have many cases on record to prove this contention. Among them I may mention a severe ulceration of the cervix uteri. The only treatment consisted in curetting and dusting the parts with Tyree's Antiseptic. The patient recovered in two weeks.

Another case of vaginitis, due to gonorrhea, was cured in ten days. The treatment consisted in vaginal injections, one dessertspoonful of Tyree's Antiseptic in a quart of tepid water, four injections daily.

The number of cases of prickly heat relieved, to my knowledge, by Tyree's Antiseptic diluted in water, would be too long to mention. As I have already stated, I consider this antiseptic as a true specific upon which the practitioner can rely. It possesses also the advantage of being agreeable to the sense of smell; it is also absolutely inoffensive, and does not stain the clothes. As an antiseptic, it is eminently adapted to toilet purposes, particularly to the hygiene of the skin. I may add that Tyree's Antiseptic relieves instantly burning of the feet, also acting as a deodorizing and disinfecting agent.—*Clinical Lines on Prickly Heat and Kindred Affections of the Skin*, by Dr. M. E. Chartier, Faculte de Paris, France.

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ROBINSON'S LIME JUICE AND PEPSIN is an exceedingly valuable combination in cases of Dyspepsia, Indigestion, Biliousness, and Mal-assimilation. It is both Aperient and Cholagogue.

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COCA A DEPURATIVE AS WELL AS A TONIC.—Coca is no new claimant for consideration; it has already won the respectful attention of the world as a supporter of nervous energy and an exhilarator of muscular power. The action of Coca, while phenomenal, is purely physiological. Its empirical use by the Andeans to support life amid the most trying conditions of cold, hunger, and intense hardship, in an attenuated atmosphere, is capable of scientific demonstration. Coca is a depurative of the blood, freeing that current from the products of tissue waste, and thus enabling the blood stream to nourish every tissue of the body. Aside from this important action, it has a direct chemical action upon muscle through converting certain muscle ferments to create energy. Additional actions are its stimulating influence upon the blood-vessels, upon the nerve centers, upon the secretions, and upon respiration. These effects are best brought about by administering Coca combined with a mild nutritious wine, as Vin Mariani. The action of Coca is not immediate, but before the initial stimulation of the wine has passed, the more lasting properties of the Coca become manifest. Thus we have gentle stimulation without depression, and, under the added influence of the Coca, opportunity is given the tissues for repair.—*Coca Leaf, January, 1905.*

A REMARKABLE PICTURE WORTH MANY DOLLARS can be obtained for a few cents. "The Three Most Beautiful Roses," by Paul de Longpre.

At the urgent solicitation of the *Woman's Home Companion*, Mr. Paul de Longpre, who is the greatest painter of flowers in the world, consented to make a painting of what he considered "The Three Most Beautiful Roses," and the painting is without doubt one of the master-pieces of this great artist. This magnificent picture is reproduced in all its original grandeur on the cover of the *Woman's Home Companion* for June. Although this cover is an accurate reproduction of a painting worth hundreds of dollars, yet the June number, which has this exquisite cover, may be obtained at any first-class news-stand, or direct from the publishers, for the trivial sum of only ten cents.

Mr. Paul de Longpre is justly styled the "King of Flower Painters." He not only paints roses, but every flower that grows, and is the highest authority on flowers. His paintings are found in the most select homes. Some have sold for as much as seven thousand five hundred dollars (\$7,500).

Artists, art critics, and competent judges all agree that the covers of the *Woman's Home Companion* far excel those of any other magazine.

The *Woman's Home Companion* is a magazine which in beauty and excellence, art stories, illustrations, fashions, etc., excels all other home and family magazines. The *Woman's Home Companion* is published by the Crowell Publishing Company, New York City, also Chicago, Ill. at One Dollar a year, and is the favorite magazine in nearly half a million homes, where it is read each and every issue by three million people.

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THE attention of our readers is called to the advertisement of Robinson-Pettet Company, which appears on page 17 of this issue.

This house is one of long standing, and enjoys a reputation of the highest character.

The preparations referred to, we commend specially to the notice of practitioners.

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SUMMER DIARRHEA IN CHILDREN.—"A great many physicians begin treatment by removing the irritating substances from the alimentary canal by giving a good dose of castor oil, salts, rhubarb, or by a plan that is often resorted to and is very popular with some, by giving copious injections.

"If the latter plan is adopted, a large amount of water should be used, so that the entire lower bowel can be thoroughly washed. The water that is used should be previously boiled.

"I usually add two or three tablespoonfuls of Listerine, and I believe that it meets every indication better than any other preparation. There

is no doubt in my mind that the antiparasitic and antifermentative preparations are productive of the best results. Of the numerous preparations of this character that are now on the market, Listerine has by far the largest number of advocates, and I believe from quite a large experience with it, that it justly deserves the recognition and endorsement that the medical profession has so universally given it. Its therapeutic effects are dependent entirely upon its power to disinfect, so far as is possible, the alimentary canal."—*E. C. Register, M. D., Charlotte, N. C.*

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LATENT RHEUMATIC CONDITIONS are now more prevalent on account of an exceedingly cold and damp spring, causing many recurrent cases of rheumatism, neuralgia, and grippe, for which Tongaline Liquid is the standard prescription.

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WHAT SHALL IT BE?—This question is present in the mind of the busy physician every summer when he confronts the problem of appropriate tonic medication for the weak, poorly-nourished, and debilitated. He knows that during no other season of the year is there so marked a tendency to disturbances of the gastro-intestinal tract, and that many intractable forms of diarrhea may result from unsuitable foods and medicines; the first requisite, therefore, is to select a tonic that has the negative virtue that it will not irritate the sensitive stomach and intestines. Cod liver oil, iron, and the usually employed nutritives and tonics have a well-defined local irritant action on the gastro-intestinal tract, and are unsuitable when these organs are in the super-sensitive condition so commonly present during the heated term; these remedies, experience proves, lack even the negative virtue of non-irritating character.

The next question to be decided is, what remedy has a selective action on the gastro-intestinal mucous membrane whereby its functions are kept in a normal condition? In other words, how may the natural tendency of hot weather to set up irritation of these organs be combated, and at the same time how can the patient be properly nourished? A moment's thought as to the physiologic efforts of Gray's Glycerine-Tonic Comp. will answer these questions, and explain why this remedy is the best tonic and reconstructive for summer use.

First of all, Gray's Tonic is one of the most prompt and reliable gastric sedatives known to the profession; as instance of this it is only necessary to recall its wide-spread use in the gastric irritability and vomiting of pregnancy and sea-sickness. Once having pacified the stomach, it exerts very positive effects upon the secretory and motor functions of this organ, manifested by creation of appetite and increased power to digest food. It is a great step forward when these patients can take sufficient quantities of proper food and have the power to digest and assimilate.

late it. Gray's Tonic accomplishes this, and as a consequence has a pronounced influence in improving the nutrition of the patient. It thus starts aright the complicated physiological processes which result in increased blood constituents, more vitality, greater strength, and increased power to resist the inroads of disease.

Let any one who doubts the truth of these statements try Gray's Tonic in any case of malnutrition, general debility, or nervous exhaustion existing independently or as a part of chronic organic diseases, and note how well these patients stand the depressing effects of hot weather, how free they are from gastro-intestinal complications, and how beneficial the remedy is upon the general nutrition.

Gray's Glycerine Tonic Comp. owes its distinctive value to the proportion of the contained ingredients and their manner of combination. All imitations lack these characteristics of the original, and are consequently of inferior value.

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TONGALINE AND LITHIA TABLETS are particularly indicated in diseases which are caused by deposits of urates in the tissues, especially in the joints and in the kidneys.

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A MOST POWERFUL ELIMINANT.—Genoform is continually prescribed by physicians throughout the country in the different forms of rheumatism, neuralgia, grip, gout, sciatica, and lumbago. The most efficient and satisfactory results are obtained by the administration of this new remedy which, though only lately introduced to the medical profession, has demonstrated its full therapeutic value within a short time. We would suggest to our readers that they write to C. Bischoff & Co., of 88 Park Place, New York, the importers of Genoform, for literature pertaining to this very reliable remedy.

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THE ANTISEPTIC TREATMENT OF THE SUMMER DIARRHEAS OF INFANTS.—Of the various agents that have been suggested for the disinfection of the intestinal tract, Acetozone is by far the most promising. It has been shown by Novy and Freer, of the University of Michigan, that Acetozone, even in weak solutions, destroys bacillus pyocyaneus, bacillus coli, bacillus typhosis, bacillus diphtheriae, vibrio cholerae, staphylococcus pyogenes aureus, and streptococcus pyogenes in less than one minute. These writers say that "while the strong solution kills everything almost instantly, the weaker solution (1:3000) destroys the vegetating germs, as a rule, within one minute." At the same time solutions of 1 to 1000 strength are given internally without the least harmful effect. The good results accruing from the use of this remedy in the summer complaints of young children are early and unmistakable; the discoloration and putridity of the

stools disappear; the diarrhea is checked; the temperature falls; pain and inflammation subside; the vomiting is controlled; and the condition of anguish and irritability is consequently greatly dispelled.

In dealing with this class of cases, the following make up the round of treatment: (a) withdrawal of milk and the substitution of thin broths, albumen, and cereal waters, or other liquid feedings; (b) immediate evacuation of the stomach and intestines by stomach-washing and intestinal flushing with Acetozone solution (1:5000 or stronger); (c) the sustaining of the patient's vitality; (d) administration of an internal anti-septic—Acetozone (1:3000 to 1:1000); (e) the observance of hygienic conditions. In giving the drug, the solution usually administered to adults (15 grains to the quart) should be diluted with one half its quantity of water and flavored with lemon or orange juice. It should be given in teaspoonful doses at frequent intervals—every twenty or thirty minutes in the beginning, lengthening the intervals as the case progresses.

Colonic irrigation is a useful procedure in cholera infantum. Acetozone (1:5000) solution is unexcelled for this purpose. The same solution may be used for lavage, which is recommended by many leading authorities. In washing out the stomach, the irrigating fluid invariably should be lukewarm, and is best introduced prior to the feedings. Its continuance must be based on the character of the washings.

Acetozone is marketed in ounce, half-ounce, and quarter-ounce vials, and in boxes containing six vials of 15 grains each. An ounce is sufficient to make eight gallons of aqueous solution.

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TONGALINE AND LITHIA TABLETS can be prescribed with the greatest benefit for many people who indulge in generous or intemperate habits of living, as this combination will promptly and thoroughly eliminate any excess of uric acid in the system.

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MENOPAUSE.—Preceding and succeeding the final cessation of ovulation and menstruation, physical and psychical disturbances of a more or less serious character are frequently observed. Ergoapiol (Smith), because of its tonic effect upon the female generative system, and its splendid antispasmodic influences, is of unsurpassed value in the treatment of the various disturbances incident to this period.

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WORDS OF APPRECIATION.—The following letter, relating to the treatment of opium and other addictions, will interest many. It is addressed to our old friends, The Antikamnia Chemical Company, and reads:—

"GENTLEMEN: Illness, dating from the very day of my former letter, must be my plea for my silence and my seeming indifference to your courtesy, and your exceptional kindness in sending me your little 'Vest-

Pocket-Box.' I want you to feel that I sincerely appreciate your goodness in this little matter. I am in charge of the Woolley Sanatorium, an institution conducted exclusively for the cure of opium and other drug addictions, and am using Antikamnia Tablets extensively after withdrawing morphia, and I am free to say that I do, in reality, regard your product as 'A Succedaneum for Morphia.'

"Our institution is probably the largest of its kind in the South, and if my views should prove of value to you at any time, command me, and use them as you wish. MARION T DAVIS, M. D.,

("Univ. of Maryland School of Medicine.)

"Atlanta, Ga., April 15, 1905."

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AN UNUSUALLY COLD AND DAMP SPRING is always conducive to the development of much malaria, for which Tongaline and Quinine Tablets are almost a specific. Quinine for the fever, Tongaline for eliminating the poisonous secretions.

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LOUISVILLE UNIVERSITY, MEDICAL DEPARTMENT.—Do not fail to read the advertisement of this most excellent medical school in this issue. This institution is the successor of grand "*Old Transylvania*," than which no school is entitled to such glorious memories. The mantles of those grand men who established the second medical school west of the Alleghanies have fallen on most worthy shoulders. The remarkable reputation of Transylvania has lost nothing at the hands of those who have controlled and are now controlling the destinies, the methods, and the customs of the Louisville University—Medical Department. By all means write to Dr. Bodine.

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INTESTINAL DISORDERS DUE TO LACK OF NORMAL INTESTINAL ALKALINES.—At this period of the year we are called upon to consider carefully the application of therapeutic measures to be adopted in the treatment of disease of the gastro-intestinal tract. Conditions met in these cases have a marked degree of similarity, due primarily to a faulty or altered secretion of intestinal juices, and secondarily through errors of diet, etc. The contents of the bowel are found to be made up of a fermenting mass of decomposed food, broken-down mucous membrane, together with fluids of intensely acid reaction loaded with pathogenic bacteria. The logical treatment indicated would call for a prompt removal of the source of infection and the restoration of normal secretion.

A prominent practitioner in the South, whose wide experience justifies authority, recently embodied in a paper the following statement: "In diseases of the intestinal tract in children or adults, whatever the diagnosis may be, we always trace the origin of the trouble to a *want of alkalines*.

to correct an excess of acidity during the digestive process." This is of deep interest to us, as it gives the key to the marked results following the administration of the alkaline antiseptic, Glyco-Thymoline, which not only corrects existing hyperacidity with its concomitant symptoms but causes by its exosmotic property a rapid depletion of the engorged membrane and a stimulation of the glandular system to normality, whereby the proper amount of alkaline fluids will be secreted. Therefore it is well to remember that Glyco-Thymoline not only corrects the effects of disease, but aims to re-establish those processes of digestion and assimilation which are wanting.

In severe cases of cholera infantum, dysentery, ileo-colitis, etc., the solution should be administered as a colon flush, using a 10 per cent solution of about 100° F. This treatment, combined with 3*i* to 3*v* doses per oram, serves rapidly to eliminate all toxins, promote an aseptic condition of the bowel, and to encourage what is most needed, the secretion of normal alkalines.

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CARBUNCLES.—Creel has relied on Ecthol, given internally, in doses of a teaspoonful, in cases of carbuncles, flax-seed poultices applied locally, emptying of pus, scraping out of dead tissue, and cleansing with Peroxide of Hydrogen; after this, a topic application of Ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—*Journal of the American Medical Association.*

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INCIPIENT INSANITY.—Dr. T. O. Wood, of London, England, writing in the current number of a prominent journal of the causes and cure of incipient insanity, concludes by saying. "While correcting the general health, our aim must be to allay prominent symptoms, and at the same time remove the special causes which underlie them. For insomnia, regulation of exercise, short of fatigue, and living as much as possible in the open air by day, with tepid baths for the neurasthenic, will greatly help us, and above all things, congenial physical occupation and rational amusements. Should want of sleep continue, and if there is early morning restlessness then Daniel's Conct. Tinct. Passiflora Incarnata should be employed because it nourishes the ganglia and allays nervousness, which in reality is the source of the disease."

Passiflora is the true nerve sedative and hypnotic, and is being prescribed by physicians who have discovered the many injurious narcotics and antispasmodics now in general use.

Passiflora is indispensable in the treatment of hysteria, insomnia, and convulsions, and gives the most satisfactory results with the nervousness of women and children.

AMONG THE REMEDIES which tend to soften or dissolve gall-stones, Eunatrol has evidently taken the first place in the physician's armamentarium. Like all fat-free soaps, Eunatrol is absorbed and deposited in the liver, and causes the breaking up of the biliary calculi. The cholagogue action of this remedy is really remarkable. You, doctor, ought to try Eunatrol in every gall-stone case.

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## Reviews and Book Notices.

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A MANUAL OF MIDWIFERY FOR STUDENTS AND PRACTITIONERS. By HENRY JELLETT, B. A., M. D. (Dub. Univ.), F. R. C. P. I., L. M., Gynecologist and Obstetric Physician to Dr. Steeven's Hospital, Dublin; Externe Examiner in Midwifery, Royal University of Ireland; Examiner of Midwifery, Royal College of Physicians, Ireland, etc., etc.; with the assistance in special subjects of DR. W. R. DAWSON, H. C. DRURY, T. G. MOOREHEAD, and P. J. ROWLETTE, 8 vo. pp. 1148, with nine plates and 467 illustrations in the text. Wm. Wood & Co., Publishers, 1905, New York.

Dr. Jellett has placed before the profession in a single volume, a full, complete, and comprehensive account of the theory and practice of modern midwifery, which from a somewhat cursory examination seems to partake of the completeness of a cyclopedia rather than a manual. To those who have in the past relied on the simplicity of Playfair's work which ran through so many editions both in this country and England, it may seem to be voluminous indeed. However, in the phases of the art and science of obstetrics, so multiform and complex, as a work of reference alone, it will undoubtedly command a high place in the estimation of those who are thorough students and practitioners in this particular field. Nothing seems to have been left out, nothing overlooked; the entire field has been most thoroughly covered.

The assistance given him by his associates, who have attained special abilities in their several fields and which he cordially acknowledges, adds greatly to the value of the work. Dr. Moorehead contributed most valuable chapters on Embryology and

Anatomy, the Phenomena of Pregnancy, and the Anatomy of Contracted Pelves; Dr. H. C. Drury on Infectious Diseases and Organic and Functional Diseases in Pregnancy; Dr. R. J. Rowlette, sections on the Etiology and Pathology of Surgical Fevers of the Puerperium; and Dr. W. R. Dawson on the Insanities of Reproduction.

The plates are magnificent delineations, so clear and well selected, and the numerous illustrations, most of them original, manifest great care and thorough attention to details, add greatly to the value of the work, and serve to thoroughly elucidate the well-prepared text.

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**SAUNDERS' POCKET MEDICAL FORMULARY.** By WILLIAM M. POWELL, M. D., author of "Essentials of Diseases of Children;" Member of Philadelphia Pathological Society. Containing 1831 formulas from the best known authorities. With an Appendix containing Posological Table, Formulas and Doses for Hypodermic Medication, Poisons and their Antidotes, Diameters of the Female Pelvis and Fetal Head, Obstetrical Table, Diet List, Materials and Drugs used in Antiseptic Surgery, Treatment of Asphyxia from Drowning, Surgical Remembrancer, Tables of Incompatibles, Eruptive Fevers, etc., etc. Seventh edition, revised. In flexible morocco, with side index, wallet, and flap. \$1.75 net. Philadelphia and London, W. B. Saunders & Co., 1905.

When a work has reached its seventh edition, there can be no doubt of its practical usefulness. And it is not at all surprising to us that Saunders' Pocket Medical Formulary should have attained such popularity, for we know of no similar work containing so much useful, practical, and accurate information in so small a compass. In this new seventh edition there have been added over 460 new and valuable formulas, selected from the works and private practices of the best authorities. The editor has shown rare discretion in the elimination of many obsolete formulas, inserting in their place newer and better ones, embodying a large number of approved new remedies. In its new edition this Formulary is thoroughly representative of the most recent therapeutic methods, and its convenient size and mechanical get-up make it the most desirable work of its kind on the market.

**ATLAS AND TEXT-BOOK OF TOPOGRAPHIC AND APPLIED ANATOMY.** By PROF. DR O. SCHULTZE, of Wurzburg. Edited, with additions, by GEORGE D. STEWART, M. D., Professor of Anatomy and Clinical Surgery, University and Bellevue Hospital Medical College, New York. Large quarto volume of 187 pages, containing 25 figures on 22 colored lithographic plates, and 89 text-cuts, 60 in colors. Philadelphia and London, W. B. Saunders & Company, 1905. Cloth, \$5.50 net.

In the preparation of this book Professor Schultze had in mind the need of a work that would combine the features of a textbook with the educational advantages of an atlas. He has produced a work of great merit, and not alone the anatomist, but more particularly the general practitioner, will find it of constant value. Professor Schultze has presented his own methods for the study of anatomy — methods proved to be correct and practical by many years of clinical study. Throughout the work the value of the knowledge of topographic anatomy in bedside diagnosis is emphasized. The many colored lithographic plates and the numerous text-cuts, sixty of which are in colors, are of exceptional excellence. Indeed, both for accurateness of detail and artistic beauty we have never seen their equal. The greater portion of the dissections from which these illustrations have been made are from the author's own preparations. Dr. George D. Stewart in editing the work has added many valuable notes.

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**AMERICAN EDITION OF NOTHNAGEL'S PRACTICE — MALARIA, INFLUENZA, AND DENGUE.** By DR. J. MANNABERG, of Vienna, and DR. O. LEICHTEIN, of Cologne. Entire volume edited, with additions by RONALD ROSS, F. R. C., F. R. S., Professor of Tropical Medicine, University of Liverpool; J. W. W. STEPHENS, M. D., D. P. H., Walter Myers Lecturer in Tropical Medicine, University of Liverpool; and ALBERT S. GRUMBAUM, F. R. C. P., Professor of Experimental Medicine, University of Liverpool. Octavo volume of 769 pages, fully illustrated, including eight full-page plates. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, \$5.00 net; half morocco, \$6.00 net.

This new volume in Saunders' American Edition of Nothnagel's Practice represents the latest word on the subjects of which it treats. And more than that: it is the undisputed authority on these subjects. For this American edition Dr. Ross has made

many additions to the article on Malaria, so many discoveries having been made since the appearance of the original article. The articles on the Mosquito and its various relations to Malaria come from the authoritative pen of Dr. J. W. W. Stephens, of Liverpool. The Influenza and Dengue sections are equally well written. The untiring labor of the editors in preparing this work for the English speaking market is evidenced on almost every page by the lengthy and valuable editorial interpolations. This is the tenth volume in the series, and the eleventh one (that dealing with Diseases of the Kidneys and Spleen and with Hemorrhagic Diseases) is promised very soon. When the series is completed, it will undoubtedly form the best practice of medicine in existence.

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A TEXT-BOOK ON THE PRACTICE OF GYNECOLOGY. For Practitioners and Students. By W. EASTERLY ASHTON, M. D., LL. D., Fellow of the American Gynecological Society; Professor of Gynecology in the Medico-Chirurgical College of Philadelphia. Octavo volume of 1079 pages, containing 1046 new and entirely original line drawings. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, \$6.50 net; half morocco, \$7.50 net.

Dr. Ashton's "Practice of Gynecology" is a new departure in medical text-book making. The author takes up each procedure step by step, the student being led from one step to another just as in studying any non-medical subject. Nothing is assumed, Dr. Ashton in every instance not only telling what should be done, but also precisely *how to do it*. All the methods and details of technic described have been thoroughly tested by the author himself, so as to assure their value and accuracy. A very commendable feature is the departure from the old routine method of devoting a general chapter to physical examination. In place of this the author presents the examination of each organ separately before describing its diseases, thus greatly aiding the student in familiarizing himself with the technic. A distinctly original feature consists in the line drawings made especially for this work under the author's personal supervision from actual apparatus, living models, dissections on the cadaver, and from the

operative technics of other authors. There are ten hundred and forty-six of these illustrations, showing the procedures and operations without obscuring their purpose by unnecessary anatomic surroundings. Definite and precise instructions are given regarding the preservation of specimens of morbid tissues and secretions, and their delivery in good condition to the pathologist. The fore part of the work, dealing with antiseptic technic, shows great care in its preparation, Dr. Ashton wisely describing only those methods which he employs in his own practice, in order that the reader may have a clear and definite conception of the subject. Very special attention has been given to the consideration of visceral injuries, and we know of no other work on gynecology or general surgery discussing this important subject with the same amount of detail. This is decidedly a work for the general practitioner as well as for the student; and a good one.

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HARRINGTON'S PRACTICAL HYGIENE. A Treatise on Hygiene and Sanitation. For Students, Practitioners, Health Officers, etc. By CHARLES HARRINGTON, M. D., Assistant Professor of Hygiene in Harvard University Medical School, Boston. New (3rd) edition, thoroughly revised. In one octavo volume of 793 pages, with 118 engravings and 12 plates. Cloth, \$4.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

No department in the realm of medicine approaches in importance Hygiene and Sanitation—the science and art of conserving the health, energy, wealth, and welfare of the individual and of the community. An authoritative book, covering the entire subject clearly and comprehensively, is therefore an essential to the full execution of professional responsibilities. Dr. Harrington's work was accepted as the authority upon the appearance of its first edition. He treats his subject broadly and with careful attention to details, his purpose being to furnish a clear, complete, well-illustrated volume equally adapted to the needs of the student, practitioner, and health officer. The success of the work is well shown in the demand which has exhausted two large editions in less than four years. As the succeeding editions are called for, the author by careful revision, elision of ob-

solete matter, and addition of new, keeps his work well abreast of the advances in a subject by no means stagnant. The new section on Infection, Susceptibility, and Immunity will prove a valuable and interesting feature of the present edition. Evidences of searching revision will be found throughout the book, and alterations and additions necessitating a considerable increase in both text and illustrations, although the price remains at its previous very moderate figure.

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PATHOLOGY AND THERAPY OF DISORDERS OF NUTRITION.—Drink Restriction (Thirst-Cures), Particularly in Obesity. By PROFESSOR DR. CARL VON NOORDEN, Physician-in-Chief to the City Hospital, Frankfort a Main. Part VI. 8 vo., pp. 86, cloth, price 75c. E. B. Treat & Co., Publishers, New York, 1905.

Professor von Noorden's monograph on Drink Restriction is most instructive, and of the highest practical importance. Many persons drink too little, of water particularly, but this distinguished author has proved a great many others drink too much, even water. Under a misplaced confidence in ill-advised persons suffering from dilated heart, dilated stomach, Bright's disease, and even anemia and chlorosis have shortened their lives, and it is in these cases that this little brochure will prove so valuable.

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A TREATISE ON ORTHOPEDIC SURGERY. By EDWARD H. BRADFORD, M. D.. Surgeon to the Boston Children's Hospital; Consulting Surgeon to the Boston City Hospital; Professor of Orthopedic Surgery, Harvard Medical School; and ROBERT W. LOVETT, M. D., Surgeon to the Infants' Hospital and to the Peabody Home for Crippled Children; Assistant Surgeon to the Boston Children's Hospital; Assistant in Orthopedic Surgery, Harvard Medical School. Third edition, illustrated by 592 engravings. 8 vo. pp. 669, cloth. 1905. Wm. Wood & Co., Publishers, New York.

From the preface to the third edition of this most excellent work we quote: "In preparing the third edition of this work, it has been necessary to rewrite entirely several portions, to make extensive alterations in others, and to rearrange chapters and

subjects. These changes have been made in the endeavor to offer to the reader a description of the present condition of orthopedic surgery with its notable progress since the publication of the second edition in 1899.

"The most marked differences between the second and third editions will be found in the chapters treating of congenital dislocation of the hip, of scoliosis, of traumatic and non-traumatic coxa vara, and of non-tuberculous diseases of the joints, as it is in the study of these subjects that the greatest advances have been made. Many original illustrations have been added and many of the old ones have been improved, making them more illustrative of the subjects mentioned in the text.

"A chapter giving the details of orthopedic apparatus, with descriptions and drawings of appliances found to be of practical efficacy, is added in the hope of giving to the general practitioner technical information which is of use in the treatment of orthopedic affections."

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## *Selections.*

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SANITATION ON THE Isthmus OF PANAMA.—As the Japanese army surgeons obtained surprising results in the maintenance of the health of their armies, so can the United States army surgeons obtain equally good sanitation on the Isthmus. The results secured by the Japanese were obtained through the application of sanitary laws which are the common property of the medical world. The magnificent showing was but the outcome of a successful and skilful application of them. The responsibility of attainment lay with the governors, the generals-in-chief, who saw or were made to see the possibilities of the application of sanitary science to the health of armies.

The ability of the United States, both in regard to skill in sanitary science and in financial power, leaves no excuse for any thing but the best sanitary conditions among the troops and the army of employees on the Isthmus.—*Brooklyn Med. Jour.*

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WHEN NOT TO OPERATE FOR APPENDICITIS.—J. E. Moore, Minneapolis (*Journal A. M. A.*, June 24), combats the dictum that all cases of appendicitis are operative cases, holds that while certain classes of cases, such as chronic appendicitis without acute attacks, those with localized abscess, and acute cases seen in the beginning of the attack, call for operation provided hospital facilities and a good surgeon are available, there are others, he believes, in which surgical interference is not advisable. The conditions in which the radical operation is not the best treatment are summarized by him as follows: "First, when the patient is evidently moribund; second, when the patient is evidently convalescing; third, when certain grave complications are present; fourth, in the midway cases beginning with the third day when the physician and surgeon are in doubt; fifth, in the extreme cases of suppurating peritonitis." Even in serious complications, or when general anesthesia is contraindicated by the condition of the patient, if localized abscess exists, he states that it should be evacuated under local anesthesia. Ochsner's starvation treatment, Moore says, has been badly misunderstood. Ochsner did not recommend starvation and lavage for appendicitis, but for spreading peritonitis due to neglected appendicitis. In such cases Moore, by opening abscesses locally and by using to a greater or less extent Ochsner's method, has been able to tide them over to a successful interval operation.

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REGENERATION OF NERVES.—It is possible to functionate two opposing groups of muscles by a single nerve, which previously supplied one group only; it is possible to innervate fairly completely muscles with a much smaller number of motor horn cells than usually bring about this effect. When the central end of one nerve is joined to the peripheral ends of two nerves, there

are many more fibers in the peripheral nerves than in the central nerves, so that the nerve fibers in the proximal trunk divide on going to the distal trunks. In some cases at least some of the branches from one nerve fiber go to supply one set, and others the opposing set of muscles. This may prevent very delicate movement being restored. After this form of suturing, the arrangement of the nerve fasciculi in the peripheral nerves is considerably altered.—*B. Kilvington in British Medical Journal, April 29, 1905.*

**THE DIAGNOSIS OF CUTANEOUS SYPHILIS.**—E. A. Fischkin, Chicago (*Journal A. M. A.*, July 8), concludes from his observations and studies that the elements of diagnosis in cutaneous syphilis have only an arbitrary value. The element of time is unreliable; it may happen that simple sores with consequent gland swellings will develop in intervals corresponding to the periods of syphilis. Regionary lymphadenitis is not absolutely pathognomonic of syphilis. Indolent and indurated inguinal and cubital glands may follow infection of simple wounds. The ensemble of all syphilitic symptoms may be closely imitated by non-specific dermatoses. Syphilis can only be diagnosed with absolute certainty when based on positive as well as on negative findings, *i. e.*, when we not only find the characteristic elements of syphilis, but when we can with certainty exclude all other skin diseases that may appear with similar symptoms.

**GASTRIC ULCER IN CHILDREN.**—W. L. Stowell was called to see a girl of eight years, who was found presenting the appearance of one dying from pneumonia. The epigastrium was hard and tender to pressure, and the abdomen was moderately distended. The day before she had complained of pain in the stomach with weakness and pallor, and she died after two hours of delirium during the night of the day when seen by the author. A partial autopsy was performed, and two perforated ulcers, each about one eighth of an inch in diameter, were found on the posterior surface of the stomach, about two inches from the pylorus, on the lesser curvature. Abstracts of thirty-five case

histories are given, which the author says is the list of published cases of gastric ulcer in children. The symptomatology and treatment of the condition are then discussed, the principles being the same as in adults, and it is stated that the prognosis does not depend on age, three quarters of the patients recovering on proper treatment. The paper closes with a statistical table on gastric ulcer in general.—*Medical Record, July 8, 1905.*

TRANSMISSION OF DISEASE BY MOSQUITOES.—J. R. Taylor, Havana, Cuba (*Journal A. M. A.*, July 8), gives a good summary of the facts in regard to the transmission of disease by mosquitoes, so far as known. He does not consider any of the possible methods practicable for the complete extermination of malaria, but thinks that the disease can be greatly reduced in prevalence. As regards yellow fever, he believes the methods instituted by Gorgas in Cuba, if thoroughly carried out, would exterminate the disease. The same methods will apply for the extermination, or at least the diminution, of filariasis. He believes in quarantine in all possible cases of transmission of disease by vessels, that is, a quarantine based on the natural history of the disease as we know it. The isolation of infected persons is essential. For the destruction of mosquitoes, sulphur fumigation is most effectual, but has its inconveniences. The powdered leaves of datura (Jimson weed) mixed with saltpeter and burned, an ounce of the mixture to each two hundred cubic feet of space, is a cheap, safe, and effective method of destroying hibernating mosquitoes. Pyrethrum and formaldehyde are said to be effective against hibernating insects, though the former only stupefies the mosquitoes which should be swept up and burned after its use. To exterminate the stegomyia or yellow fever mosquito, all water receptacles should be treated with oil or made insect proof, and drainage and flushing of ditches, etc., should be practiced. Drainage methods are even more necessary against the malarial-bearing type which breeds especially in swamps. Taylor reviews the general results of experiments by the New Jersey mosquito commission in regard to the merits of various larvicides, such as petroleum and the creosote preparations.

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### *Original Communications.*

#### PERINEPHRITIC ABSCESS.\*

BY W. A. BRYAN, M. D., NASHVILLE.

PERINEPHRITIS, perinephritic abscess, perinephric abscess, and paranephritic abscess are synonymous terms, having a sufficiently close meaning to be considered as representing a single pathological entity.

Rayer, in 1889, first described perinephritis in full, and gave accurate place to the condition in the minds of the profession, although it had doubtless been recognized both by other clinicians and by pathologists before that.

The ordinary text-books of anatomy are a little short on certain details of kidney structure as it pertains to the subject in

\* Read at 72nd Annual Meeting of the Tennessee State Medical Association.

hand, and so we will notice, in passing, a detail or two especially of the lymphatics and the fatty capsule.

Instead of being, as was long supposed, a part of the retro-peritoneal fat, Gerota has shown the fatty capsule of the kidney to be surrounded by a distinct layer of fascia known as "fascia renalis."

This fascia renalis is open below, in the region of the lower pole of the kidney, and through this opening the fat within is connected and continuous with the surrounding retro-peritoneal fat.

It is therefore erroneous that the kidney lies simply in a great and far-reaching mass of retro-peritoneal fat.

The vessels of the kidney, as studied by Lejars and Tuffier, are interesting in this connection. First, the larger veins of the perirenal fat enter directly the branches of the renal vein at the hilus, while those of the upper pole empty themselves into the suprarenal vein, and those of the lower pole into the venous plexus of the ureter. The veins of the kidney parenchyma and the fatty capsule communicate freely and abundantly with each other, while there are also anastomoses with the veins of the spermatic plexus.

The lymphatics of the kidneys will now be briefly described and sufficient anatomical data will be at our service to clear up much of the obscurity heretofore existing in many infections of the perirenal capsule.

The lymphatics of the kidney arise from two abundantly supplied networks, known as the *superficial* and the *deep*; the former concerns us most, the deep vessels collecting at the hilum and draining into the juxta-aortic glands. The superficial network was discovered by Mascagni, whose demonstrations have been confirmed beyond question by Teichman and Sappey and later by Renaut and Stohr, the failure of others being due to the extreme difficulty of injection of this group.

From this superficial network two systems of collecting trunks arise, known as *convergent* and *divergent*. The convergents empty themselves into the trunks of the deep network.

the divergent penetrate the fibrous capsule, and go directly into the network of the fatty capsule, which in turn drains by collectors into the same groups of glands as the deep network of the kidney. This is further proved by the frequent extension of lines of new growth of epithelial cancers of the kidney into the fatty capsule. Thus we see there are two routes of lymphatic drainage from the cortex of the kidney, one through the divergent trunks through the fatty capsule, the other through the medullary substance of the kidney, either route arriving ultimately at the juxta-aortic glands.

Bearing the above facts in mind, it is easy to understand many of the following statements, that otherwise would appear absurdly impossible, and especially is this true of the case reported at the last.

To discuss the etiology of this disease aside from the light cast upon the subject by the above anatomical facts, would mean that we should be compelled, as many etiological discussions on the same subject have done before, to allow a large percentage of these cases to go unexplained. However, as facts now are accepted, few or none of the cases fail to be amenable to the explanations given of their etiology.

Inflammation of the kidney is one of the frequent causes of perinephric abscess, whether this be pyonephrosis, pyonephritis, or stone either in the pelvis or parenchyma of the organ. Von Bergman's "System of Surgery" gives the following account:—

"A perinephritic abscess may be the immediate result of suppuration of the kidney with rupture of the pus through the fibrous capsule. Such an abscess may assume great size, and its origin, as coming from a renal calculus, was understood by the ancients. However, it need not necessarily come from a calculus, since a simple abscess in the kidney, or one associated with tuberculosis, may break and extend outward in the manner described. In many cases, rupture of such an abscess is preceded by fibrous change and thickening of the fatty capsule, so that the abscess will be walled about even after it ruptures into the fatty capsule. In this manner extension of the abscess to the loose retro-peritoneal

tissue may be prevented. But the usual course is that the affected capsule rapidly breaks down while the suppuration extends around the kidney. If the pus is not given an external exit by the surgeon, it will collect in greater and greater quantities until it extends from the diaphragm to the brim of the pelvis, or possibly into the pelvis, pushing the peritoneum before it toward the median line."

Other close structures, certain diseases of which are capable of producing abscess surrounding the kidney, are inflammatory processes of the stomach, duodenum, small intestines, or colon, especially when this latter is affected at either flexure, when that inflammation has attacked the superjacent peritoneum, or when a perforation, usually ulcerous, of the wall has taken place, allowing germ-bearing contents to escape and infect the tissues lying over the kidneys.

The liver and gall-bladder, together with septic conditions in the ducts, either by ulceration consequent upon stones or by direct and indirect extension, come in for their share of etiology. Just recently I did a cholecystectomy with removal of a stone from the ductus communis, re-establishing the flow of bile into the duodenum, and failing on account of adhesions to locate a small abscess, as the symptoms were distinctly septic, although as diligent search was made as the patient's condition would admit. She died, and post-mortem showed an abscess containing one fair-sized gall-stone situated behind the common duct. This had no communication with the common duct, for although much bile was vomited after removal of the stone from the duct and the size of the liver very perceptibly reduced, yet no pus was vomited and no evidence of its escape was found on post-mortem. A case of chronic cholelithiasis with escape backward of a stone and the eventual production of abscess in the perinephric tissues.

Inflammation of the psoas muscle and vertebral column may produce this abscess, usually giving us the tubercular type.

Remoter structures too are listed in the group of primary lesions one of whose secondary developments is perinephritic abscess. Such are *peri-* or *para-*metritis, appendicitis, ovaritis, cystitis, orchitis, inflammation of the vas deferens, inflammatory

processes in the lower extremities, or ruptured empyema due to thinness, so that, as Tuffier has remarked, the pleura touches the fatty capsule, allowing thus the thinness of paper between the two cavities. In this group of causes, burrowing of pus is the chief if not the only means by which the pus reaches and attacks the fatty capsule; and in an abscess of this type, certainly involving the fat around the kidney, it always behooves the surgeon to locate, if possible, the primary lesion, if there be one. Otherwise operative procedure may become not only unavailing but embarrassing.

Acute infectious diseases and localized lesions infested with pyogenic germs, in which in the first instance the bacteria are habitually present in the blood, or in the second are capable of invading the body as a whole through the blood or lymphatic circulation, produce this abscess. It is a well-established fact that the urine of a scarlet fever patient may carry the contagion. The same holds true of recurrent or relapsing fever, typhoid, and malaria. Within four hours after experimental injections containing bacteria, these organisms may be found in the urinary tract. Many varieties of germs have been thus experimented with, among which are *coli communis*, *staphylococcus pyogenes*, *streptococcus*, *bacillus pyocyaneus*, *proteus*, *gonococcus*, *bacillus typhosus*, *bacillus tetrogenus*, and the *diplococcus* of Friedlander.

It may thus be safely conceded that any germ capable of producing inflammation or pus, when once it has entered the blood, may be eliminated by the kidney. It is likewise a demonstrated fact that organisms eliminated by the kidney may or may not produce lesions either of the kidney substance or of the mucous lining of the pelvis, ureters, and bladder. Hence we cannot avoid admission that pathogenic organisms admitted to the general circulation are brought in greater or smaller numbers into dangerous proximity to the perinephritic fat, into a region, in fact, directly connected by lymphatics, as I have shown above, with this fat. So also must we admit that these organisms, if they pass these lymph channels, may do so without involving the kidney structure, leaving behind no evidence of the route they came.

As a matter of record, perinephritic abscess has been seen after the following disorders: Smallpox, typhoid fever, scarlet fever, puerperal fever, diphtheria, actinomycosis — probably astatic infected wounds, and abscesses in various parts of the body. An illustration of the latter will be given at the end of this paper, in a case of perinephritic abscesses, synchronous and bilateral, a condition that one can scarcely imagine an explanation for on other grounds, particularly in an individual in whom the most faithful search showed no history absolutely except some abscesses on a remote surface of his body.

Heavy strains, exposure to cold, traumatisms in the region of the kidneys, are also mentioned as factors in the etiology of these abscesses.

Perinephritic abscess is at liberty to spread rather widely over the dorsal wall of the abdomen, reaching often far beyond the crest of the ilium. Unless operated upon, these cases die either from septicemia, pyemia, or rupture. When ruptured, the termination, it happens in many directions. Out of the four cases recorded by Kuster, eighteen were into the pleura, two into the bronchi, eleven into the colon, two into the peritoneum, and three into the bladder or bladder and vagina. Morris says: "Compared with the frequency with which perinephritic abscesses perforate the colon, the pleura, or the lung, the other forms of spontaneous opening are rare. Probably it is not an exaggeration to say that of every twelve cases which pursue their own course, four or five open into the pleural cavity or the lung. Rarely do we find external rupture through the loin. Now and then, for a great while, these abscesses perforate the renal pelvis or the duodenum."

Symptoms of perinephritic abscess are those of sepsis, mainly, and vary with the type of the infection. Usually a history can be elicited that some lesion capable of producing the abscess has been present. The patient complains of pain in the region of the kidney, and tenderness will be found there if searched. This pain is dull, at times throbbing, agonizing; and paroxysmal. It is increased by motion. The pain may be referred to the knee, as is seen in hip disease and the observer is likely to be thrown

by this symptom. As in cases elsewhere in which pus lies deep under the tissues, a certain boggy feel and the presence of edema over the surface covering the abscess, one of the surest signs of deep pus, is found where it is so deep that discoloration does not occur. The thigh is flexed to relax the psoas muscle; it is also rotated outward. To demonstrate that the psoas is suffering from inflammation, it is only necessary to attempt extension of the hip and inversion of the toes. Often there is difficult deflection, and general debility together with dyspnea. A mass may be found in the lumbar region not affected by respiration. Vomiting occurs as a frequent symptom. The urine is unchanged unless there is additional pathology of the kidney substance.

The symptoms of this condition are sometimes so insidious as to lead astray the most acute observers, and there is a chronic plastic form of fibroid paranephritis which has no distinctive symptoms. It occurs more frequently in males, and now and then fluctuation may be elicited, but the diagnosis should be made without waiting late enough for this sign.

Differential diagnosis of this as well as other abdominal conditions is often made exceedingly difficult. From nephritic abscess, urine examination is probably sufficient to make the differentiation. In perinephritic abscess the urine may be normal. It may contain pus, but contains no blood, no casts, while pyelonephritis gives both pus and blood. Hydronephrosis can be distinguished by the fact that septic symptoms are wanting and a different history is given. In hydronephrosis the tumor is more definite in shape and more easily outlined. If other signs are unavailing, the aspirating needle will settle the question. Appendicitis will very rarely be confused with this disease, and when it is, we must depend on the classical symptoms of the former and the history of the case. Even then obscure cases will arise.

Gibney has pointed out that perinephritic abscess may be mistaken for hip disease. Careful physical examination will reveal site of the inflammation, although this offers a wonderfully fine place for a guess to result disastrously to the patient.

The prognosis here is but a special application of the old

surgical maxim; viz., wherever pus is found in the body, it must be liberated. The treatment consists simply in opening, cleaning out, and draining the abscess cavity.

A. E. F., locomotive fireman, age 28, had no evidence of disease since childhood. In August, 1904, he got a superficial burn on his left olecranon, which became infected but healed kindly. After a few days an abscess developed near the burn. This was opened and healed. A few weeks later three or four other abscesses forming around the site of the original abscess, were opened or ruptured, and healed. In October he began having pains in his lumbar region, on the right side more especially, and awhile afterward gave up his work and took his bed. Pain in his right side described as a catch, and in his back a constant aching. He became distinctly septic. Liver dulness elevated one inch in the right nipple line. Right side one and one half inches larger than the left. Enlargement of the right loin very perceptible, and fluctuation present, pus on aspiration, urine normal.

Dec 15, 1904, I operated at St. Thomas Hospital, clearing out twenty-four ounces of pus. He became better, but had pain again from the beginning after this operation in his left side. It was aspirated, pus was found, and two weeks from the first operation a second was performed, removing eight ounces of pus from the left side, after which he made an uninterrupted recovery and has since gained forty pounds. The pus gave a pure culture of staphylococcus aureus. There was no connection between the two abscesses.

I learned from the patient at the second operation that Dr. Campbell, of Gordonville, had aspirated both sides, and found pus before I saw the patient.

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SCIATICA.—B. Cocain hydrochlorate, gr. j; morphin hydrochlorate, gr. 1-8; sodium chloride, gr. j; carbolic acid, mj; water, q. s. ad  $\frac{3}{2}$ j.

M. Sig.: Inject ten or fifteen drops deeply into tissue along course of nerve.—*Medical Recorder.*

## FOOD ADULTERATION IN TENNESSEE.\*

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BY LUCIUS BROWN, A. B., A. M., CHEMIST, NASHVILLE.

*Mr. President, and Gentlemen of the Tennessee Medical Society:* The subject of adulteration in food materials is attracting such wide-spread attention, not only in technical journals, but in the daily press, and the practice itself is of such well-nigh universal distribution, that it may justly be called one of the most important matters now before the American public. Especially is this the case since the failure to pass the United States Senate of the so-called Hepburn and McComber bills regulating interstate traffic in food-stuffs. Such regulation is one of the duties imposed by modern conditions of life. In an earlier day, before concentration of population in cities and manufacturing towns, food-stuffs were largely grown by their consumers. The dietary was simple, and only the time-honored methods of preservation, such as salting, drying, and pickling, were used. At present it is manifestly impossible for more than a minority of the population of a civilized country to be producers of aliments; modern scientific discoveries of the preservative virtues of sterilization, canning, and refrigeration, together with the facilities afforded by modern methods of communication, have enabled the average man to live better than his forefathers, and have called into being needs and wants unknown to the latter. But with this increase in comforts has also come the disposition to abuse opportunities, the temptation to make chemicals take the place of recognized means of preservation, or to substitute inferior or harmful articles for those of known value. Public morality is outraged and public health seriously assailed by such fraudulent practices. The great importance of this matter is attested by the prevalent public concern, and a discussion of it is pre-eminently the province of such a gathering as this.

Adulterations of foods must, of course, have prevailed from the times when man replaced the chase by barter as a means of livelihood.

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\* Read at 72nd Annual Meeting of the Tennessee State Medical Association.

Many Greek and Roman authors mention adulterations of foods and drugs; Pliny is especially rich in such references. The Middle Ages, however, gave birth to the most fruitful and interesting legislation. Blyth, probably the foremost English authority on food analysis, tells us that the earliest English laws (regulating bread) were enacted in the reign of King John, and there have been regulations made at intervals ever since that time on various specific subjects, until the first general English law was passed in 1860. It is interesting to note that in England the trades of the druggist and grocer were combined until the year 1617, and that the laws regulating foods were applied also to drugs, which were largely adulterated. The French and Germans early had laws on this subject. The latter, with characteristic thoroughness, seem to have had an inspection of practically everything. Falsity in goods sold was considered an offense against the trade-guild to which the offender belonged, and was punished accordingly. Wine in all ages seems to have been especially liable to sophistication. A case is recorded in medieval Germany in which a falsifier of wine was condemned to drink six quarts of his own goods; the punishment was fatal.

All these countries have now thorough and well-administered legislation against adulterations, and the French especially have taken a prominent place in such work. In our own country, Massachusetts seems to have been the first State to pass pure food laws, which she did about twenty years ago, and at present a majority of the States possess specific provisions on this subject.

The nature of adulterations, of course, varies. In general it is to be said that any deceit whatever in the composition of a food is an adulteration. Broadly, this may consist in the mixing of something to reduce the quality or strength; the substitution, wholly or in part, of an inferior or cheaper material; the presence of decomposing or putrid organic substances; the giving to a material by coloring, coating, or staining, of an appearance of being better than it really is; or the addition to it of any poisonous substance.

Considering specific cases, it is to be noted that such staples as flour, corn meal, oat meal, etc., are at present comparatively

rarely adulterated, and the same is true of ordinary sugar. Fresh meats cannot be sophisticated in themselves, but preservatives are much used, especially with such products as sausages. The latter are also filled out with some starchy material, usually potato flour, in very considerable amount, coloring matters being added to give them an attractive appearance. It is obvious that any kind of meat may be used, and many an aged cow and toil-worn ox have been sold as pure pork.

In connection with the consideration of preserved and canned meats we may profitably consider the action of chemical preservatives. Preserved meats are usually either salted, pickled, or smoked. Borax is now largely used as a chemical preservative in all these processes, and there is a tendency of late to replace by it a considerable part of the salt, it being claimed that this makes a more attractive and more palatable product. Some one of the salts of sulfurous acid is largely used as a preservative by retailers, and it is to be noted that as much as 1 per cent. of a solution of this acid may be added to meat without being apparent to taste or smell. Sulfites and borax are the most common ingredients of the proprietary preserving materials sold as "preservatives," "freezum," "freezine," etc. The use of these materials was almost universal in this city prior to the passage of the bill against preservatives, but at present is very rare.

In a late issue of the *Journal of the American Medical Association*, Dr. Victor Vaughan, of the University of Michigan, has discussed the preservative question most fairly and clearly. His paper is too long to give even a summary here, but the following are laid down by him as essentials to which a preservative should conform before it receives legal sanction:—

1. It must be a real preservative, not merely retaining the appearance of freshness while bacterial changes still continue.
2. In the largest quantities used, it must not materially impair any of the digestive processes.
3. It must be either not a cell-poison at all, or if a cell-poison in any amount, it must be added to foods only by persons of special training and officially authorized; food containing such substances must be plainly labeled, and the kind and amount of

the preservative used must be made known not only to the buyer but to each consumer.

There is much material for thought in these rules, which are rigid but reasonable. Especially noteworthy is the action of preservatives on the different bacilli. Thus, formaldehyde retards the growth of the comparatively harmless lactic acid bacillus, masking putrefactive decay while permitting the free growth of the toxicogenic colon and typhoid bacilli. Again, it seems only fair to require the user of preservatives which are cell poisons (such as the sulfites) to inform the consumer of his goods of their amount and character. Judged by these standards, not one of the commonly used chemical preservatives is admissible in foods.

Practical considerations in this connection are that in the case of the small dealer the masking effect of preservatives is particularly noticeable, concealing incipient decay of materials which should not be used for food at all. Moreover, with the present ample facilities for the preservation of food by sterilization, refrigeration, and canning, there is absolutely no excuse for the use of chemicals.

Milk is peculiarly liable to sophistication on account of its perishable nature and the readiness with which it can be adulterated. This takes the form of watering, thereby reducing the quality, and the addition of preservatives to conceal or prevent decay. There is no form of food adulteration which is meaner or more despicable than this. Milk is the standard food of young children, and is largely used for invalids; and the addition to it of such materials, which have a directly injurious effect on the digestion, and usually only take down the danger signal without removing the danger, should be relentlessly and severely punished.

Because of the practically prohibitive Internal Revenue tax on oleomargarine, when artificially colored, butter is much less imitated now than formerly. However, "renovated" or "process" butter, a product notable only in the last few years, is extensively used. This also bears an excise tax of  $\frac{1}{4}$  cent per pound, and though sold under governmental regulations for what it really is, the consumer rarely has full knowledge of its character.

The base of this is old and rancid butter, gathered from all sources and formerly put into axle grease and kindred materials. By a process of melting, aeration, chilling, churning with fresh milk, and coloring, it is finally made to bear a close resemblance to creamery butter, which the consumer usually believes it to be. It is much less wholesome than either oleomargarine or butter.

It would be natural to suppose that in canned goods, which have presumably undergone careful sterilization by heat before being sealed airtight, the only preservative found would be common salt, but this is not the case. The Food Inspection of South Dakota reports formaldehyde in canned peas, while that of North Carolina found saccharin, sulfites, and formaldehyde in canned corn and canned tomatoes. For the latter, also, green fruits are sometimes found to have been used, which were dyed red with the obnoxious coal-tar dyes, and the color of so-called "French" peas has been imparted to them by salts of copper and aluminum. Canned meats sometimes contain preservatives, as in the case of the potted and deviled mixtures. With the latter, however, substitution is very extensively practiced, veal, hog stomachs, etc., masquerading as potted chicken, and such materials as deviled ham serving almost to take whatever edible portions of the animal cannot be used elsewhere. It is a very safe rule to use no canned meats which do not retain their original shape, all the ground or minced preparations being liable to adulteration.

Baking powders consist of three varieties, namely, the tartrate, the alum, and the phosphate powders, containing respectively cream of tartar, alum, and acid phosphate of lime as the acid salt which releases the carbon dioxide of the bicarbonate of soda.

Without undertaking to settle here the old question as to the healthfulness of alum powders, it may be stated that sophistication takes the form usually of misbranding. I have, however, recently found an aggravated case in this city. Led by several reports from the Food Inspections of other States, I bought in the open market a sample of a certain brand of powder, manufactured in Nashville, from which I extracted the ground mineral which this is a sample, taken from less than one ounce of powder. This appears to be ground talc or tremolite, a crystalline

mineral. The effect of the use of this on the average stomach, combining as it does high specific gravity with undoubted mechanically irritant effects, may be readily imagined.

Teas are not so liable to sophistication as coffees. The latter are very largely adulterated, this even going so far that there are on the market so-called coffee pellets made of bean meal or flour, which are sold to dealers to mix with whole coffee. The adulterants of ground coffee are legion. A few of them are roasted peas, beans, wheat, rye, oats, chicory, pilot bread, charcoal, red slate, etc. Cocoa is adulterated by the addition of cocoa-shells, starch, sugar, and in the cheaper varieties, sand and iron oxide.

Spices are especially liable to adulteration, taking the form of additions of shells of nuts, date stones, sawdust, ground olive stones, exhausted cloves, peas, etc.

Despite the fact that there is a large margin of profit in the manufacture of genuine extracts for use in cooking, they are commonly and flagrantly adulterated. The Connecticut Inspection, in 1901, analyzed sixty-six samples, of which fifty-four were either below the standard of the pharmacopoeia (4.5 per cent. of lemon oil) or contained foreign coloring matter. In Michigan, in 1903, 66 out of 88 samples of lemon extract contained either no lemon oil or less than one per cent.; and in South Dakota, in 1904, 65 out of 81 samples were condemned, three of which contained the poisonous wood alcohol instead of grain alcohol. These figures indicate the extent to which adulteration may go.

We may pass by the question of alcoholic drinks as not being true foods, and as generally consumed by people abundantly able to look out for themselves. This cannot be done, however, with the usual soda fountain drinks or with grape juices. When a fresh fruit flavor is added to the carbonated water used at soda fountains, together with ice and ice cream, it makes a most delightful drink; but when spoiled stock doped with antiseptic, colored with anilin, and artificially flavored, is used, the effect upon the stomachs of the children and young people, who are the largest patrons of the soda fountains, may be better imagined than described.

In the State of Connecticut, in 1899, 210 samples of syrups, bottled carbonated drinks, etc., were examined, of which 109 were adulterated, containing artificial coloring and flavoring materials and preservatives. In many cases the coal-tar dye in the syrup for a single glass of soda-water was sufficient to dye a six-inch square piece of white cloth to a most brilliant color.

One of the recent reports of the Kentucky Food Inspection notes the following experience with grape juice:—

"Samples of a well-known brand of grape juice were analyzed, and a violation reported to the county attorney. Manufacturers of this juice then withdrew their stock, and substituted at the same price a juice containing no antiseptic. The antiseptic found was salicylic acid."

It is patent that the physician prescribing grape juice containing, unknown to him, salicylic acid, would be extremely likely to encounter a set of unexpected symptoms.

Vinegars are very largely sophisticated. In the same Kentucky report from which I have already quoted, appears the statement that "in August, 1901, the various vinegar factories in Louisville were inspected, and in no instance did it appear that the vinegar was being made from apples." This, despite the fact that the stencils in use were for such brands as "Apple Vinegar," "Fruit Vinegar," "Old Homestead Apple Vinegar," etc. One sample brought me in the course of this city's inspection work, sold by the retailer as a cider vinegar and, as he confessed to the inspector, by the jobber as a malt vinegar, proved to be either, but was a spirit vinegar colored by caramel.

Jellies and jams offer a fruitful field to the adulterator, and with the possible exception of flavoring extracts, no class of preparations gives more trouble to the enforcers of the law. The case of the artificial ones is boiled down apple parings and cores from drying factories. To these are added a little of the fruit itself (usually also waste material), 30 or 40 per cent. of glucose, some starch and gelatine as stiffeners, a preservative to "keep" it, a dye to color it, and "fruit ethers" to help the taste. From such materials any kind of jelly or jam can be made "while you wait." A third of an ounce of so-called strawberry jam examined

by me contained enough anilin dye to yield this color to the cloth I show you, and was preserved with benzoic acid.

Catsups are notorious and old offenders. At least three-fourths of those on the market are colored with coal-tar dyes and preserved with benzoic acid, while pumpkin pulp is often largely used as a filler. Indeed, it may be safely asserted that in States where pure food laws are not enforced, by far the larger proportion of the several materials last mentioned, now on the market, are adulterated.

As illustrating the prevalence of food adulterations, it is to be noted that in nine years, in Connecticut, 5,983 samples were examined, of which 2,052, or more than one third, were adulterated. The figures from Ohio, for the year ending November 15, 1903, are instructive. During the winter months the percentage of adulteration of foods and drugs was low, only 7.3. During the summer, however, 898 samples of milk were examined, of which 301, or more than one third, were adulterated. This raised the percentage of adulteration to 32.70 per cent.

In such spare time as I could afford from my general practice as an analytical chemist in this city, I have made some examinations of sundry materials sold here and obtained by me in the open markets, chiefly for the positively noxious preservatives and coloring matters. Ten samples were examined, comprising canned vegetables, mince meats, etc., of which six were adulterated. Two showed both coal-tar dyes and preservatives; one, coal-tar dye alone; three, preservatives alone. Besides these were three brands of baking powder, of which one was adulterated, though all were alum powders. Illustrations of some of the results of this work I am able to show you here. It indicates what might be expected from the enforcement of a good law by an active and intelligent Pure Food Commissioner. It would seem that our people are not only consuming a large amount of unwholesome food, but are paying excessive prices for it. My investigations were made in this city, but it is to be noted that the consumption of canned goods, pickles, etc., is large also in the country districts, which usually demand a cheaper class of goods. Moreover, the cheaper grades of goods are those especially liable to

sophistication, so that this particular variety of poisoning and cheating affects most those least able to bear it or to right their own wrongs.

I have already hinted at one cause for these sophistications, in the conditions of modern life. Competition may be responsible for a part of the trouble, but competition never yet justified deliberate falsifying. Still, the producer is tempted to take short cuts, and on the principle of "*caveat emptor*," to let the purchaser determine for himself whether the goods are wholesome or true to name.

It is just here that the guardians of the public health and the public morals step in. It is manifestly impracticable for the buyer of twenty cents' worth of, say, vanilla extract, to pay several times this amount for a chemical examination and to bring suit for recovery of the purchase money if it should turn out that he has been sold tonka bean instead. It is therefore a part of the public duty to safeguard these matters for the individual, and the remedy for existing conditions lies in good laws properly administered.

An examination of pure food legislation shows that twenty-two States have a regularly organized Food Inspection Department. Among them, Connecticut, Illinois, Kentucky, Massachusetts, Oregon, North Carolina, and Pennsylvania are notable for the good work they are doing. It is significant for us that the neighboring State of Kentucky has just increased her appropriation for this purpose from \$7,500 to \$10,500.

For the proper enforcement of pure food laws a qualified analytical chemist is of course an absolute necessity. Not less necessary is a wise and active Pure Food Commissioner. The duties of the latter are to administer the office work of the Food Inspection, to attend to the bringing of such cases to court as may be necessary, and especially to collect samples of adulterated materials being sold in the State. In the latter work he can be materially assisted by qualified deputies. It would be manifestly an impractical proposition from a business standpoint to undertake to combine the functions of analyst and inspector. Moreover, in order to obviate possible charges of persecution, the

chemist should have absolutely no information as to the source of his samples, which he should know by number or marks only.

It has been found by working food inspections, that there are three practical methods of enforcing these laws, namely, by publication, by notification, and by prosecution.

The possibility of publication in a State Report, as a falsifier, certainly has a deterrent effect on manufacturers disposed to let their cupidity overcome their sense of right. Much more effective, however, is the ability to enforce good behaviour which lies in the power to prosecute. In practice in those States where such laws are enforced, it has been found that it is necessary only occasionally to bring such cases before the courts, notification of violation being usually sufficient to cause the material to be withdrawn from sale.

Leach, the analyst of the Massachusetts Food Control, says, "Neither the number of court cases brought by a Food Commission nor the large ratio of court cases to samples found adulterated, are criteria of its good work." "Under a conservative enforcement of the law, actual prosecution should be made as a last resort."

There need be, on the part of the retailer, no fear of a hardship being worked on him by a proper enforcement of food legislation. He is always given an opportunity to put himself right, if he desires to do so, under any food laws. But in order to re-assure him, most States allow the retailer to be exempt from conviction if he produces a written guarantee from the wholesaler or his agent, resident within the State.

Nothing has been done in Tennessee in the way of State inspection of foods. The cities of Memphis and Nashville have made a beginning in this direction, and the results so far have been gratifying. The State law passed in 1897 was only an enabling Act. It was good for that time, but is now antiquated. An excellent bill has passed the House at the present session, and is now in the Senate. This provides for efficient inspection and examination at a minimum cost, and its friends hope that if it is passed, the results will prove so valuable that the Legislature will recognize the importance of the subject, and make sufficient appropriation for the proper prosecution of the work.

## TUBERCULOSIS CUTIS.\*

BY J. M. KING, B. S., M. D., OF NASHVILLE.

A GREAT variety of skin lesions appear to be due to tubercle bacilli, but only in a few has the actual presence of the bacilli in the lesion, with the characteristic pathological tissue changes, been demonstrated, and these few are lupus vulgaris, scrofuloderma, tuberculosis verrucosa, and miliary tuberculosis of the skin. The many skin lesions, called tuberculids by the French, are believed to be caused indirectly by tubercle bacilli, that is, by the tuberculin toxin thrown into the circulation from a deep tubercular lesions. There are no characteristic tissue changes in these lesions. While there are many skin manifestations of tuberculosis, this paper will embrace a discussion of those varieties of the most practical interest to the general practitioner,—namely, lupus vulgaris, scrofulo-derma, and tuberculosis verrucosa, and will be dealt with largely with a view to diagnosis and treatment.

Lupus vulgaris may occur on any part of the body, but its favorite site is the face, particularly the cheek region, to which place the bacilli have often been transmitted through the circulation from an unobserved lesion on the nasal mucous membrane.

From this point on the cheek it may spread over the entire face within two or three years, attacking the skin and all the deeper structures, rarely the bone, ulcerating, and frequently leaving puckered, disfiguring scars with much deformity of the features.

The initial skin lesion is formed as follows: the tubercle bacilli, either by direct or indirect inoculation from a deeper tubercular focus, lodge in the lower part of the corium, and there cause a reaction of the tissue, which results in the formation of the lesion presenting the peculiar clinical and microscopical signs of the disease. This lesion is the classic "apple jelly" nodule of Hutchinson. If one of these foci is examined with a dioscope or glass slide by making firm pressure on the surface over the focus, one will observe a deep-seated deposit of brownish

\* Read at 72nd Annual Meeting of the Tennessee State Medical Association.

colored material, about the color of maple sugar in the cake, and the size of a hemp seed. The color of the lesion does not fade upon pressure, but really stands out more distinctly upon increased pressure.

When this material is examined microscopically, it is found to be a collection of many plasma cells, fewer epithelioid cells, and few giant cells containing one or more bacilli. From the point of inoculation the bacilli advance into healthy tissue, and cause the development of fresh "apple jelly" nodules, which are usually more thickly set along the advancing line of the affected area. They may be discrete, or may coalesce and form irregular areas. A few scattered nodules are usually found on the older affected part. The nodules are softer than the surrounding healthy tissue, and this can be demonstrated by palpating the nodules and the healthy skin with the rounded end of a small probe. As the disease spreads, the affected area becomes hyperemic, the epidermis continues intact, and the surface remains smooth, and in a cleanly patient will continue this way for a year or longer, constituting lupus simplex.

If the skin becomes infected with pus cocci, an ulcerative type — lupus exulcerans — is developed. The grade of inflammation is more intense, and the diagnosis is made more difficult on account of the pus, crusts, and intense redness. This type resembles syphilis more than the other types do.

The surface may not ulcerate at any time, but an abundance of fibrous tissue may be developed, and scars may be formed without an open wound. This is the fibroid type, and corresponds to fibroid tuberculosis in the lungs. Lupus is usually met with in one of the three types here mentioned, simple, ulcerative, or fibroid, but there are other rare clinical types named on account of a peculiar form of ulceration, hypertrophy, or swelling, or from the development of some other peculiar feature.

The diagnosis of the simple type with the "apple jelly" nodules presents no difficulty. One would observe a red, smooth area, showing along the margin upon pressure with a glass slide the "apple jelly" nodules. The ulcerative type must be differentiated from syphilis, and the ulcerative type with hypertrophied

edges can be differentiated from rodent ulcer. Some of the rare non-ulcerative types are differentiated from syphilis with great difficulty.

In a case of difficult diagnosis the history will be very helpful. Lupus more often begins in youth, while the other two rather belong to middle age and later. Lupus and rodent ulcer are slow in development; syphilis is rapid. A careful examination will usually reveal the "apple jelly" nodule in lupus. There is nothing positively characteristic in the appearance of a syphilitic ulcer, while rodent ulcer usually presents a pearly, rolled margin. The discharge from a syphilitic ulcer is usually more profuse and more purulent than that from the other two. Rodent ulcer usually occurs singly, the others may or may not be single. Lupus patients sometimes show a tuberculous nature, and syphilites will more often present other signs of syphilis, while rodent ulcer will show none.

There is one point in suspected lupus of the face which should not be overlooked, and that is the examination of the mucous membrane of the nose and gums. In Finsen's clinic, seventy-five per cent. show mucous membrane affection. The nodules on the mucous surface are slightly elevated, and give but little inconvenience to the patient. In the event there is much doubt as to the diagnosis, a thorough test with potassium iodide should be made, and in this country, where lupus is very rare, the physician is safer in treating the doubtful case as syphilis.

Differentiation of lupus from rosacea, eczema, and blastomycosis is rarely necessary, and they will not be presented here. The treatment of lupus is chiefly local, and consists of curetting and scarification, the local application of caustics, and radiotherapy.

Radio-therapy — that is, X-ray, Finsen light, and violet rays — is at present considered the most acceptable method of treatment, and should always be used if the patient is in reach of it, so I shall not discuss treatment by curetting, etc. The X-rays and Finsen light are both satisfactory, but the ideal treatment, as stated last summer before the British Medical Association by Dr. Sequeira of the London Hospital, is the combined use of X-rays

and Finsen light. He would use the X-rays to clear up a large surface of shallow nodules, and then apply the Finsen light on the remaining deeper nodules, as he believes the Finsen light is more penetrating than the X-rays, which, however, is a mooted question. Dr. Norman Walker states, in the 1905 edition of his text on dermatology, that the X-rays will accomplish in the treatment of lupus all that the Finsen light will accomplish. X-rays have been satisfactory in this country.

Tonics should be used as needed, and cod-liver oil in some form is the best. The patient should have fresh air, sunlight, and hygienic surroundings.

Scrofuloderma is not, strictly speaking, a disease of the skin, like lupus. It is an ulceration following the caseation and suppuration of a lymphatic gland or nodule located in the subcutaneous tissue, or may proceed from a bone lesion. It usually occurs in those individuals whose general make-up is tubercular. Their flesh is flabby, complexion pasty, resistance low, fingers probably clubbed, and manner dull and apathetic.

In diagnosis one should remember the origin and the peculiar character of ulceration. The ulcer is usually not deep, with the edges thin, dull red, undermined, and irregularly outlined, with an uneven base covered with pale, sluggish granulations scantily bathed in pus. It increases in size very slowly, and sometimes remains nearly stationary two or three years. The syphilitic ulcer and epithelioma should be differentiated by the above signs in conjunction with the general tubercular tendency of the patient, which is usually more evident in scrofuloderma than in lupus.

The treatment of scrofuloderma is general and local. Properly the best general treatment is cod-liver oil and iron iodide, with hygienic surroundings, fresh air, and sunlight. The best local measures in cases originating from the deeper glands are to enucleate the gland or thoroughly curette the cavity and cauterize with lactic acid, or treat with tincture iodine and keep dressed with an antiseptic wet dressing. Balsam of Peru and iodoform may be used from time to time as a local stimulant. The superficial ulcer should be well curetted, going a little beyond the margin, and should be followed with the application of

pyrogallol ointment, one half to one dram to one ounce, for a few days, and then dress with mild ointment.

Tuberculosis verrucosa should be discussed under two heads, as verruca necrogenica, or post-mortem wart, and tuberculosis verrucosa cutis. The former, as its name indicates, is caused by infection in post-mortem work on tuberculous cadavers, and on tuberculous meats, and is met with on the hands of pathologists, medical students, and butchers. The latter is more often a result of inoculation from other sources than those above named, such as auto-inoculation of a patient by wiping the mouth and mustache with the back of the hand. It is also found frequently among coal miners, and is there caused by the many abrasions on the hands becoming inoculated with the bacilli. Both lesions are met with most frequently on the hands, although they do occur in other places, as on the face and lower extremities, and practically they are one and the same with slight variation. The most striking feature of the lesion is its warty appearance, consequently it is chiefly epithelial growth. The surface is elevated and rough, the center higher than the sides, and varies in size from that of a dime to a half dollar. The lesion begins as a small red papule, and grows peripherally into the larger warty type. Sometimes pus may be pressed out from between the papillary projections, but there is but slight tendency to ulceration.

Starting from the point of inoculation in the skin, the small lesion develops into one presenting this clinical picture when attention is called to it: on the back of the hand, probably about the knuckles, will be observed a warty elevation of slow growth, round or oval, with sloping edges, dark red color, infiltrated, and surrounded by a dark red border fading into the normal skin. Sometimes pus may be pressed out from the cracks of the lesion. There are no subjective symptoms.

One case under my care presented three lesions, one on the outer aspect of the middle third of the left leg, one on the back of the left hand, and one on the left side of the face. All three lesions presented the typical clinical signs, the one on the face consisting of abundant and extremely prominent papillomatous

vegetations, corresponding in that respect to a case reported by Morrow.

When the lesions are well developed, the diagnosis is not difficult. Syphilis, other forms of tuberculosis cutis, and blastomycosis might have to be differentiated. When blastomycosis resembles it very closely and there are no other signs of tuberculosis, conclusive differentiation can be made only by a microscopic examination.

Local treatment alone is needed. Curette the lesions with sharp spoon, apply strong carbolic acid, and dress with a mild ointment, is the best plan. Milder treatment can be successfully used by applying a salicylic acid plaster or paste to remove the horny covering, and then destroy the remaining part with acid nitrate of mercury, which should be applied to small areas at a time, as it is painful for some hours after application.

#### Bibliography —

- “ Diseases of the Skin,” by Stellwagon.
- “ Introduction to Dermatology,” by Walker.
- “ Diseases of the Skin,” by Crocker.
- Sequeira, of the London Hospital.

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TREATMENT OF TAPEWORM.—The author slightsls the preliminary preparation of the patient, and uses a much smaller dose of the vermifuge than some consider necessary. He gives from 5 to 8 grams of extract of male fern in the morning, fasting. Six hours later — not before — he gives the purgative, preferring a “bitter water” for the purpose. Oil is liable to promote the absorption of the fern extract, and calomel is unreliable in these cases. Several instances are related to show the success of this simple technique after the failure of ten or more previous “tape worm treatments.” When the patient vomits easily, he pours the extract into the stomach in the form of a thin gum arabic emulsion. In one instance morphine was injected at the same time.—*I. Boas, Therapeutische Monatshefte, vol xxviii, No. 12, Journal of the American Medical Association, April 22, 1905.*

## *Records, Recollections and Reminiscences.*

### ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY.

THE Eighth Annual Meeting of the Association of Medical Officers of the Army and Navy of the Confederacy was called to order in the beautiful auditorium of the Scottish Rite Cathedral in Louisville, Ky., by Frank C. Wilson, M. D., Chairman of the Reunion Medical Committee, at 10 A. M., Wednesday, June 14, 1905, a number of old and new members being present. A most eloquent and appropriate opening prayer was offered by Rev. B. F. Converse, of Louisville.

Rev. Carter Helm Jones, now living in Louisville, a son of Rev J. William Jones, of Richmond, Va., the Chaplain General of the U. C. V., was introduced, and in most eloquent, chaste, and scholarly terms extended a cordial welcome to the members of the Association. His address was pointed, pertinent, and witty, including some agreeable and humorous allusions to the medical profession, made in good taste, and in its delivery the arts and qualifications of a finished and captivating orator elicited frequent rounds of applause.

Dr. J. D. Plunket, of Nashville, Tenn., who was down on the program to respond to the address of welcome, being absent on account of the very serious illness of his daughter, the Secretary, Dr. Deering J. Roberts, of Nashville, was called on, and made a few brief, but appropriate remarks; his allusion to the "Orphan Brigade" of Kentucky, near whom he had served during a great portion of the war, as a "most heroic body of citizen soldiers, tried on many a hotly contested field and never found wanting, reddening the soil of nearly every one of the Confederate States with their blood," being warmly appreciated by the many Kentucky ladies who were present.

Dr. R. Alexander Bate, Chairman of the Committee of Arrangements, then made a partial report, including a number of announcements, stating that the meetings of the Association

would be held in the morning and afternoon of each day of the Reunion at such hours as might be determined on by the Association. He further stated, that on the adjournment of each morning's session the ladies of Louisville would serve luncheons in the hall on the upper floor, and that in the event any of the members should find themselves fatigued from their labors during or between the sessions, they would find on the lower floor liquid refreshments, from an ice-cold lemonade to a "high ball" including cigars, and it was desired by the Committee of Arrangements that the members of the Association would make themselves perfectly at home, and do justice to the good things provided for them.

The President, Dr. Jno. S. Cain, then took charge of the meeting, and called for the report of the Secretary and Treasurer, as the next order of business.

Dr. Deering J. Roberts, of Nashville, Tenn., then submitted the following:—

#### SECRETARY AND TREASURER'S REPORT.

MR. PRESIDENT AND GENTLEMEN: Being unable to be present at the meeting last year, I submit the following financial statement for the two years, 1903 - 04 - 05 — the Nashville and Louisville meetings:—

1903		
May 22	To bal. due me at close of New Orleans meeting	\$49
"	To cash, telegram to Dr. S. H. Stout from New Orleans .....	2
"	To cash, telegram to Sec. Assn. Military Surg. of the U. S.....	6
1904		
June 29	To printing for Nashville meeting, voucher "A"	41
"	To postage on circulars Nashville meeting.....	40
June 13	To printing — registration and receipt blanks, Nashville meeting, voucher "B".....	3
June 25	To circulars and circular letters, voucher "C"...	12
"	To postage on same.....	12
"	To Secretary and Treasurer's salary to June, 1904	50

1905

May 29 To printing circulars, letters, etc., Louisville meeting, voucher "D".....	36 25
" To postage on above.....	35 00
" To letter postage.....	3 75
June 14 Secretary and Treasurer's salary to date.....	50 00
<hr/>	
Total .....	\$342 79

1903

June 22 By cash. Dues rec'd from members at New O. \$159 00

1904

June 16 By cash. Dues received from Dr. J. D. Plunket	37 50
<hr/>	
Total .....	\$196 50
Balance due me.....	\$146 29

Examined and      J. M. Keller, M. D.,      *Auditing*  
 approved      J. B. Cowan, M. D.,      *Committee*  
                   J. C. W. Steger, M. D.,

*Louisville, Ky., June 15, 1905.*

The report was referred to an Auditing Committee as above, who on the following day returned it with their approval endorsed thereon.

The Secretary then read the following report on Badge Button, submitted by Dr. Jas. D. Plunket, of Nashville:—

NASHVILLE, TENN., June 12, 1905.

MR. PRESIDENT AND GENTLEMEN: Your Committee on Badge Buttons would respectfully report that the work assigned was gone into with the greatest care and deliberation to, in a spirit of compromise, secure such design and character of material out of which the buttons should be made, looking especially to the official buttons being made uniform, not only in design, but material also, so that, if possible, all might approve and with some de-

gree of pride and enthusiasm be induced to regularly hereaft wear the button in the upper left-hand buttonhole of the coat lapel. This insignia should mean something, indeed much to each one of us, and though late in its adoption, it at least will signify and often serve to remind us and others of our official relationship, as important factors in one of the most sanguinary, hotly contested, and far-reaching tragedies of which history furnishes any record, as well as to act as a perpetual suggestion of the delightful fellowship — the one with the other — afforded us once a year at least, through the annual convocation of our Association.

After examining a number of designs submitted by several of the leading manufacturers throughout the country, that of the B. H. Stief Jewelry Co., of Nashville, Tenn., was selected, and the contract was closed with them as per Exhibit "A," accompanying this report, and made a part of same, wherein full details may be found.

In closing, your committee, while it is true was clothed with full power to have made a badge button of such design as it might select, yet it is recommended that the Association do now, in full session, formally adopt the button as official, and to that end the committee respectfully offers the following resolution:—

*Resolved*, That the Association of Medical Officers of the Army and Navy of the Confederacy do hereby formally adopt, as the insignia of membership in said Association, the badge button selected and offered by the committee on the subject, at this the Louisville Meeting, June 14 - 16, 1905.

*Resolved*, That each member is hereby requested and urged to possess himself without delay, with one of these buttons, and that for the future the same shall be regularly worn by each and all of the members in the left lapel of the coat.

All of which is respectfully submitted.

JAS. D. PLUNKET, M. D., *Chairman of Committee.*

The motion having been made by the Secretary to adopt the resolutions of the committee and seconded by several members, they were adopted unanimously.

## EXHIBIT "A."

NASHVILLE, TENN., June 3, 1905.

THE B. H. STIEF JEWELRY CO.,  
*Nashville, Tenn.*

GENTLEMEN:— Referring to our several conversations regarding design, material out of which Button should be made, and price of Badge Button for the Association of Medical Officers of the Army and Navy of the Confederacy, as Chairman of the Committee appointed by the Association upon this subject to get up a suitable Button for the membership, do herein submit to you the following proposition:—

(a) We will turn over to you a list of nearly six hundred names,— members of the said Association,— including the names of nearly sixty of the membership who recently have ordered a Button when ready for delivery, with their post-office addresses. This list of the membership to be supplemented from year to year as new members are admitted.

(b) We are willing that you shall charge a rate of fifty cents (50-100 dollars) for each Button, when the same is negotiated for by a member of the Association, of the design selected by us and made from a deep, clean-cut die, and out of gun metal from guns used by the Confederates during the War of 1861 - 1865.

(c) You to assume all cost or expense that may be incurred in the manufacture, sale, or delivery of said Buttons, beyond the fifty cents as above specified, thereby relieving the Association as such of any and all financial liability whatever in connection with same.

(d) You to oblige yourselves not to sell, give, or allow others than members of this Association, properly vouched for to you by the Secretary, to become possessed of the aforesaid Badge Button.

(e) You to have the privilege of patenting or copyrighting the die from which the above described Button is stamped, and the same shall be your sole property.

(f) You further agreeing to have said Buttons manufactured and ready to be delivered on or before the 12th day of June, 1905

Very truly yours,

J. D. PLUNKET, *Chairman of the Badge Button Com., A. M. O. A. & N. of the Confederacy.*

We accept the above proposition, and agree to execute it every stipulation promptly and faithfully.

THE B. H. STIEF JEWELRY CO.,

by JAS. B. CARR, *Manager.*

The Secretary presented the credentials, as Delegates from the Association of Military Surgeons of the United States, of Assistant Surgeon Ky. State Guard, T. P. Grant, M. D., of Louisville, and Assistant Surgeon of the Illinois National Guard, S. C. Staunton, M. D., of Chicago, both being present were called on by the President, and each made agreeable and fraternal and patriotic remarks, which were received with applause.

The President, Dr. John S. Cain, then delivered his annual address, which we had the pleasure of placing in full before our readers in our July number.

Dr. C. W. P. Brock, of Virginia, was then called on by Dr. Keller, and made some very interesting remarks in reference to vaccination of the C. S. soldiers serving in the army in the vicinity of Richmond; he was followed by Dr. J. M. Keller and Dr. J. B. Cowan. We hope to have these gentlemen write out in full their remarks, or furnish a full abstract, for publication in subsequent number of this Journal.

The luncheon was announced as ready on the floor above and the Association adjourned until Thursday morning, in order to give the members an opportunity of seeing something of the General Convention U. C. V.

#### SECOND DAY'S SESSION.

THURSDAY, JUNE 15, 1905.

The Meeting was called to order by the President, John S. Cain, M. D.

The President: We seem to be very slow in assembling this morning. We have been waiting for our Secretary.

The meeting was opened with prayer by Rev. Dr. Eaton, of Louisville.

The President: We will now have the report of the Committee on Arrangements.

Dr. Bate: I have the following announcements to make this morning: There will be a meeting of Confederate Veterans at 10 A. M., at Confederate Hall, Fifth St. and the River. Memorial day exercises at twelve noon and 3 P. M., at the Broadway Baptist church. River excursion at 10 A. M., at the foot of Fourth Street. Yesterday the river excursions were all day, but to-day they will only be at one time — at ten o'clock. To-night the ball of Sons of Veterans to Sponsors, at Confederate Hall, 9 P. M. Barbecue and Garden Party at Shawnee Park, four to six P. M. Negro Minstrels at 8:30 at the Hopkins theater. Reunion of Morgan's, Forrest's, and Ashby's Cavalry at Headquarters. Just as yesterday, at twelve o'clock luncheon will be served in this building upstairs. Any other announcements will be made later.

The President: The enrollment of members will be made at any time in the anteroom, on the outside of this hall. Those who have not enrolled their names can do so now. The first business this morning will be an address by Dr. J. M. Keller, of Arkansas.

Dr. Keller: I very much fear there has been a mistake made. Dr. Bate wrote me five or six weeks ago asking me if I would make an address. I was convinced I could not come, and wrote him so. My wife was ill, and up to two days before I left home I did not expect to come, but I received a telegram from Lexington from my older brother, Dr. David Keller, who was very ill, that induced me to come. So Dr. Bate is responsible for your not having an address. It was not my fault — I could not help it. I did not want to make a promise and not fill it.

Dr. Bate: I would like to assume all the responsibility.

Dr. Keller: I have been very much engaged since I arrived. In the trans-Mississippi department I was put on the Committee on Credentials, and that kept me a good while. Now to attempt to make an off-hand address would be impossible, but I

promise you I will talk enough on any subject that is brought up during the day to pay for the loss of this address.

The President: I am sure we regret the loss of the address of Dr. Keller, and hope we will have it another time. The next business is an address by Dr. C. H. Todd. Is the Doctor present?

Dr. Todd: *Mr. President, Gentlemen, and my Comrades:* I esteem it a great privilege and pleasure to speak on this occasion of the "*Confederate Surgeon*" — a name which brings to me glorious memories of the past. The medical staff of the Confederate army was composed of the ablest body of physicians and surgeons who ever served in any army. Prior to 1861 the practice of medicine in the Southern States was lucrative, especially in the country, where physicians in many instances acquired fortunes for that day. I can recall many instances where the physician entered the army as a private, and was afterward admitted to the medical staff and became a brilliant operator. The ability of the medical staff was so pronounced as to elicit the highest respect from the Confederate Government and commanding generals, and a few weeks after the battle of Manassas, sickness was so prevalent and fatal as to alarm President Davis. The medical staff advised that the encampment be moved and perfect sanitation be imposed, which meant pure air, pure water, pure food — in a word, preventive medicine, which was here inaugurated for the first time on a large scale. The success attending the enforcement of preventive medicine was again amply illustrated after the battle of Gettysburg, when many of the wounded, preferring death to remaining prisoners in the field hospitals, preceded Gen. Lee's army forty miles back to the Potomac River. Many of the wounds were of the gravest character, and had received no attention for from two or four days after leaving the field hospital, and the treatment consisted in exposing all wounds to the air and cleansing them simply with water, giving an abundance of nourishing food and stimulants, and enforcing perfect sanitation; and the success of this treatment could not have been excelled by any modern hospital of to-day.

The medical staff of the Confederate army was shut out from the world for four years, without medical literature and without

medical supplies, which made preventive medicine a necessity. In 1865 Lister announced his theory of the germ causation of disease, and the medical world, after sifting this theory for forty years, have now gone back to the Confederate days of 1861 to '65—pure air, pure water, pure food, which is preventive medicine.

When the end of the great drama came, and the curtain went down to rise no more, the Confederate medical staff found themselves at the foot of the ladder; but these gallant patriots and able physicians could not be kept down, and again ascended this ladder, and many of those who survived the war are to-day ably filling the highest places in the medical profession. Forty years have passed since Appomattox, and now there still remain a very few of the Confederate surgeons, waiting to pass over the river and rest under the shade of the tree. (Applause.)

The President: There was no reading of papers yesterday, and we will have to go back and commence at paper No. 1, "The Treatment of President Jefferson Davis as a Federal Prisoner, and How he was Finally Liberated," by Dr. C. H. Tebault.

Dr. Todd: I had a communication from Dr. Tebault, whose paper is already in the city, with the request that I should read it, with the permission of the Society. I think Dr. Roberts, who is not present, has the paper.

The President: We will have to pass that over for the present. Is it the pleasure of the Association that the paper of Dr. Tebault shall go to the foot of the list, or shall we take it up when it comes in? Societies rule differently in that matter. What is your wish?

Dr. Steger: I move that it be called up whenever received and ready for reading.

This motion was duly seconded and carried.

The President: The next paper is "Reminiscences," by Dr. C. C. Henkel. Is the Doctor present?

No response.

The President: The third paper is "Conservative Surgery, and the Prowling Soldier," by W. Taylor, M. D.

Is Dr. Taylor here?

No response.

The President: The fourth paper is "My Experiences in Vaccination of Soldiers," by J. C. Steger, M. D., of Ala.

Dr. Steger: *Mr. Chairman, Gentlemen, Comrades:* I hope only to call the attention of this body to the necessity of a paper that shall be fully matured and carefully written, a paper that shall be scientific, one that will show to the world the disadvantages under which we labored in this particular. Our Chairman referred to it in his address, and it was discussed somewhat yesterday. I chose this subject for another reason, and that is, being in the cavalry service, Gen. Forrest did not let us remain long enough in one place to treat wounds or diseases very much.

Now, the treatment we gave our soldiers in 1862, when they were yet of strong constitutions, were as perfect fighting men as could be, and were well fed and well clad. We obtained the matter, at least I did, by getting a child from the country — one that we thought would give it to us as pure as it was possible for us to get. I used that with soldiers, sometimes from one arm to another. I am sorry to say — and I cannot account for it to-day, and that is a question that we want brought out — in almost every instance, while we had specific effect at first, before the termination we had ulcers in almost every instance. Some I had to send to the hospital, and in one case the man died after he was discharged from the army. We had not only suppuration in the arm where we put the matter, but frequently in the glands; rough, ugly, jagged looking ulcers in almost every instance. I could do nothing for them. At times we would give the men a little vacation, and let them report back sometimes in two weeks, sometimes in two months.

I do not believe that that kind of vaccination did any good. I do not believe it from my own experience. I vaccinated myself with matter taken from the arm of my brother. I had been vaccinated when I was seventeen, and had a fine scar. After being vaccinated, I suffered as the rest of them did; my arm was so tender I could scarcely bear the touch of my sleeve upon it.

After the suppuration had ceased the scar remained for twenty years, as white as I ever saw, without any pitting whatever.

Now, the question we want to determine largely is whether or not any kind of vaccination, I mean from the most perfect virus, or any kind of virus, that will produce these effects without leaving a pit, will give you exemption. Just subsequent to the war I treated four cases of smallpox in a little cabin of negroes. Two out of the four died, so I felt I was brought in contact with a very thorough test of the vaccination I had in that arm. I had a scar that was well pitted, and I had no fear, and did not suffer at all from the treatment of those cases.

It is singular why this virus should give the first effects, give you all the appearances up to probably a week or ten days that you have from any kind of virus, and yet should be followed by these results. Where did they get that septic poison — where did it come from? How could it enter the system? Was it decomposition? I was not able to account for it. I take the position to-day that while we had the first effects of vaccination perfect, and from the arm of a child, we had no scar. Since then I have been out in Dr. Keller's country in Arkansas, where nearly every negro had smallpox until they were pitted like a leopard, and the pits were perfectly white.

As I said, I chose this subject for the purpose only of calling attention to it, simply that we might have this matter thoroughly investigated by men who are thoroughly competent — by those who can give us a lecture on this subject that will be worth while, and that can accompany any other that we have in our archives.

The President: You have the subject before you. We would like to hear remarks of any gentlemen in regard to this interesting subject of vaccination.

Dr. Keller: We have a gentleman here, Dr. Bailey, of Louisville, and we would like to have him speak. His experience has been very great, and he has made this subject a very careful study.

Dr. Bailey: I have nothing especial to say on this subject, and could not very well interest you without further consider-

ation. I should be glad to say something before the convention closes, but not now.

Dr. Steger: I suggest that Dr. Brock give us his experience.

Dr. Brock, of Richmond, Va.: Among other good things I have heard of Kentucky doing, is that the Kentucky Society have recently determined to go back to humanized virus. When we depended upon humanized virus, gotten from healthy children, smallpox was eliminated from the United States. It grew so rare that if a case of smallpox occurred, it was telegraphed all over the United States. I recollect on one occasion seeing a press telegram announcing one case of smallpox at Seattle. That was before we had the bovine virus. We all know that, with the aseptic precautions we use now that we did not know anything about then, we have had a great many cases of terribly bad arms from the bovine virus.

As I said yesterday, it fell to my lot to propagate and collect virus to vaccinate all the arms in the Confederate army, and careful reports were kept of the results, and although there were no aseptic precautions, and the men's arms were generally dirty, and the underwear sure to be so,—I recollect once when Gen. Early issued an order that the men must change their underclothes, some fellow went to him and said, "I only have one shirt," and he said, "Change with the other fellow then,"—yet with those conditions there were no bad results. We were careful always to get the virus from healthy children under three years of age, and that was distributed throughout the whole length and breadth of the Confederacy. Previous to that, when we vaccinated a fellow and then took the crust from the arm and vaccinated somebody else, we frequently had bad arms, but I always thought that was due to the run-down condition of the person vaccinated. They were mostly scorbutic, and any wound would probably have become infected. But that was not the case when the directions sent out from the Surgeon-General's office were followed. Close reports were kept, and the result was that long before the war ended smallpox was eliminated from the Confederate army. I do not suppose there is a man here

who saw a case of smallpox in the Confederate army after 1863.  
Do you recollect any, Dr. Keller?

Dr. Keller: Yes, sir. That was the time it broke out in Mobile.

Dr. Brock: Was that in 1864?

Dr. Keller: 1863.

Dr. Brock: The charge that has been made, that "our friends the enemy" had sent over impure virus, is all bosh. I don't believe we ever got any virus from north of the Potomac during the whole war. Then they had another story, that they would put men that had been exposed to the contagion of smallpox, and even had it, in a position so that they could be captured and brought in among our people. There is no truth in that. There were humanitarians on both sides, and I do not think, if we had known along in the '60's what we now know about asepsis, that we would have had any bad arms.

Dr. Apperson, of Virginia: Being attached to the second corps of the army of northern Virginia, our hospital was located at Orange Court House in the fall of 1864, and remained there until the movement of the army from the Wilderness in May, 1865.

Dr. Keller: The army went to the Wilderness in May, 1864.

Dr. Apperson: Up to the time of the movement of that army we had the largest number of smallpox cases in our hospital at Orange Court House that we had at any time during the war. The other largest number we had was at Guineys Station in Caroline County, when the army was encamped there before the battle of Chancellorsville. That winter we had probably a larger number in the hospital, but the next largest number we had was at Orange Court House after the battle of Gettysburg.

Dr. Rowan, of Mississippi: It was stated, I believe, that smallpox was virtually eliminated after 1864. I was taken prisoner in front of Nashville on the 16th of December, 1864, and was carried to Johnson's Island as a prisoner. I remained there until the 16th of June, 1865 — after the surrender. Though young in the medical profession at that time, having had some little experience in our regiment of infantry, I was put in charge of two blocks

of prisoners on Johnson's Island, embracing, I suppose, some two or three hundred prisoners. During my experience, in looking over those prisoners as they would get sick, there was quite a number of cases of smallpox that originated and were sent to the pest house on the island. Now whether those cases were brought there as prisoners, or that prisoners were continually coming in, I am not able to say, but I know considerable smallpox prevailed there, and a good many cases in their incipiency came under my observation. I simply state this, that the fact might be known, and that there was smallpox among the prisoners on Johnson's Island the last six months before the surrender.

Dr. Keller: It occurs to me that the decrease of the number of cases of smallpox in the army occurred from the fear on the part of the soldier and his refusal to be vaccinated. He had seen so many cases of vicious ulceration that you could not vaccinate a Confederate—he would not stand it; that is the reason of the decrease.

And another thing, as was pointed out yesterday, it was not the fault of the vaccine virus, but it was the scorbutic condition of the soldier that produced this vicious ulceration. Out of eleven hundred cases of vaccination among the children of Baldwin County, Alabama, across the bay from Mobile, there was not a solitary case of vicious ulceration, not one. Possibly there were one hundred and fifty of the old soldiers that consented to vaccination in the hospital. More than half, yes, two thirds of those old soldiers took on this vicious ulcerative action.

I believe, sir, with Dr. Brock, that we had better get back to humanized virus; I believe, further, that if the man is healthy you put pure humanized virus in, you will have the strawberry pitted sore ninety times out of one hundred, if he don't scratch the scab off. The plain, smooth sore that has been spoken of here by the gentleman who preceded me, often occurs when pure vaccine matter is used, because of the restless nervousness of a man, resulting in scratching it off. I believe pure vaccination, in a purely healthy human being, is a better preventive than having had smallpox once. I have treated the same patients with smallpox several times. In the second case, when

they have had confluent smallpox before, it came on again years afterward. I have had many of them die in the second attack.

Secretary Roberts: The buttons are on hand, the official button of the Association of Medical Officers of the Army and Navy of the Confederacy. Any of you who want a button can go to the registration desk out there and pay fifty cents and get one. The buttons are on hand at the door.

Dr. Keller: Who rescinded the action of this Association at Nashville last year when we voted the star? We had accepted the star as the badge of this Association, with the letters "C. S. A.," "Confederate Surgeons' Association." I found afterward in the journal that it had been changed, and I want to know by whose authority.

Secretary Roberts: By the authority of the Association. They put it into the hands of the Committee to adopt a button.

Dr. Keller: My recollection is we adopted a star. We did not give the committee the right to adopt anything else.

Secretary Roberts: That was reconsidered the next day.

Dr. Keller: Then you did it after we adjourned.

Secretary Roberts: No, sir; it was done the next day.

Dr. Buist, of Nashville: Fortunately I was not permitted to see a great deal of smallpox during the war. Our command had only one or two light outbreaks. I think the last was at Dalton in 1863. But I have thought about the matter a good deal since then in regard to the proper virus to use. While I think both bovine virus and humanized virus will prevent smallpox under proper conditions, I have never given up the idea that the most satisfactory was the humanized virus taken immediately from the arm and inserted into the arm of the patient. My recollection and observation during the war, is that there were a good many bad sores, long in healing. I never saw anything like a necessity for amputation, or anything like loss of life. I think it is to be accounted for from the fact that the patients were in ill condition, the clothing dirty, the wound was not aseptic, and also at times there was bad virus inoculated.

On the other hand, bovine virus, as we now get it, I think, is pretty free from any septic qualities. It does not do as much

harm; in fact, it is too negative. I do not consider it accurate either locally or generally, and in a great many instances there are failures. During the last two or three years a great effort has been made to prevent smallpox all through the country, and the comparative want of success, I think, is due to the inefficiency of the bovine virus. It is not to be expected, in view of the great demand which has arisen for the use of bovine virus during the last three or four years, that we could always get a good article. You must remember it is in the hands of the manufacturers and commercial men. I think a strict government inspection and control would guarantee the right sort of virus to use.

There is one thing about it, which is hard to explain. Smallpox during the war was more or less virulent, very much dreaded, and a great many cases died, and this was true just after the war. But at the present time this is an exception. I don't suppose in the majority of communities one per cent. of deaths have occurred in the last few years. It has got to be a very light disease. The cause of that I cannot explain.

Just after the war, we had at Nashville a good deal of smallpox. This was brought there, of course, by the Union Army and among the people there was, for a year or two, considerable trouble. It was then that I had to vaccinate a great deal altogether from the scab or from the arm direct. In using the scab, we took very few precautions against decomposition. Of course we wrapped the scab up in tissue paper, and kept it dry as far as we could; but sometimes it was several weeks before it was used, and doubtless it became more or less putrid, and was liable to give a bad sore.

I do not think we can get the profession in this country to return to humanized virus, although I would like to use it. The popular feeling is against it, and it would be very hard to dissipate that prejudice. But by all means the bovine virus ought to be better guaranteed. It is not accomplishing what it ought to. I know in Nashville in the last three years the Board of Health has spent a great deal of money for vaccination, and

the results are not at all encouraging as to the efficiency of the vaccine.

Dr. Rowan: You will excuse me if I speak a second time. It seems the essential point involved in this question is whether we will continue with bovine matter, or whether we will return to humanized matter for vaccinating. If the humanized matter, after being obtained originally from the bovine matter, is better than bovine matter, why don't our scientific men sterilize that, or put it in condition so that we can use it continually, so that it may be kept in the manner in which bovine matter is kept now, so that in a few months, at least, it will be just as active and just as good as when it was first prepared? The Doctor there alluded to getting the scab of humanized matter, wrapping it up in tissue paper, and retaining it until it became putrified and unfit for use. It seems as though, if we are to go back to humanized vaccine matter, it ought to be sterilized so that we might use it in preference to bovine matter that we are now getting throughout the country.

Dr. Wilson, of Kentucky: One point I would like to bring out came under my observation, comparing bovine and humanized virus, and that is that there is no limit to the propagation of humanized virus. I have used virus that had been propagated to the one hundred and twenty-fifth removal from the original virus. Many years ago, when the bovine matter was first introduced, I did not like it, and I made this comparison, and I found this fact, which I observed in a number of instances. While with humanized virus, which you could propagate a number of times, the result of the vaccination being exactly like the preceding one, with no lessening of the typical character of the vaccination, yet with the bovine virus, which I used, because of the difficulty in obtaining good humanized virus, I found this fact: that you could propagate it apparently well the first instance; that is, taking the virus from an arm that had been vaccinated with bovine virus; and you could vaccinate from that arm a second remove, and you would possibly get a fairly good result. To propagate from that again, you would fail. Now that was the first thing that shook my faith in the efficacy of bovine virus.

The old-fashioned virus can be propagated indefinitely, and you get just as good results the one hundredth time as you did the first.

Many years ago, when I first began to use vaccine virus, the State of Virginia had a vaccine commission that issued a guarantee of good humanized vaccine virus, and it was found to be always reliable. I used to get my supplies from there very often. At Providence, Rhode Island, old Dr. Snow, who was health officer there for fifty years, I believe, kept a stock of humanized virus which he propagated from time to time, and one of the earliest supplies of it that I received came from him through a colleague of mine who was his assistant, and, as I say, this was the one hundred and twenty-fifth propagation from the original stock, and I always found it reliable. Old Dr. Hewitt and Dr. Scott used to call on me for their supply, and I supplied them time and again. Of course it was inconvenient and difficult for us to keep a regular succession of it, and gradually I just dropped out and got to using bovine virus as more convenient, as it then came into active use. It has now been sixty odd years since I was vaccinated originally, and I still have the scar, and I never have succeeded in getting vaccine virus to take since that time, and I am satisfied, while I have been exposed hundreds and thousands of times, I never felt the slightest fear of smallpox. I was vaccinated during the war several times, and have been vaccinated since then occasionally, but never have succeeded in getting it to take at all.

Dr. Malone, of Memphis, Tenn.: Being younger than these gentlemen, who practiced medicine in the war, I perhaps have not had quite as much experience in vaccination. I only commenced my experience fifty years ago, when I was four years old. I was vaccinated then, and it has lasted until now, notwithstanding I have been through a number of epidemics. There is one question I would like to ask. The gentleman says that bovine matter is not propagated from one individual to another,—that it will wear itself out,—while humanized virus may be propagated indefinitely and will not lose its virtue. When you take into consideration that bovine virus was derived from the cow in the

first instance, just as it is derived now, I would like for you to explain how it is that the bovine virus, which came originally from the cow, will make no failure. Now it may be that they have a peculiar Alderney cow in England from which they get this virus, and we have our Kentucky Durhams here, which play out sooner.

Now, the gentleman speaks about keeping a scab. When I first went into practice, I carried a scab from a child. I put it in a little screw cap bottle cemented with wax, and I carried it in my pocket from February until the next January, and then being called into a family in which there was a case of smallpox, and the children not being vaccinated, I vaccinated them with this virus. It made a perfect success in each case, and not one of those children who were exposed to the smallpox had it.

Dr. Wheeler, of Huntsville, Ala.: *Mr. Chairman*, I have taken great interest in this discussion, because this is a very vital question to us all. It confronts us in general practice, and it certainly confronts us in our homes. I am surprised — in fact, that word hardly expresses it — I am more than surprised to see the division of opinion among these medical gentlemen here to-day with regard to humanized virus and bovine virus as prepared by the bacteriologists and chemists of the day. The question has never been sprung in the State of Alabama, nor do I think it will be at a very early date. Now, I do not deny that there is virtue in the humanized virus, and I believe, if the child be a healthy child, selected with great care, and the virus sterilized and secured in hermetically sealed glass tubes, we might depend upon it. But, gentlemen, I stand before you to-day, and I expect to condemn now, and to forever condemn, humanized virus.

Dr. Wheeler: I had a great deal of experience in vaccination during the war, and I never had any that I am proud of. I carry two scars, one on that arm and one on this, that I would give a good deal if I had never had. I was vaccinated when I was a boy, and of course by humanized virus. It was carefully selected, and I believe it had a very good effect. I saw a good deal of smallpox during the war — not as many as some of these gentlemen, because I was with one of these run-about, migratory batta-

lions of artillery that did not stay very long at any place. I vaccinated a great many men. I have never seen very many satisfactory and typical results produced by human virus. It seemed to answer a purpose, but the great majority of them, I should say at least three fourths of them, had bad arms. I am a stout man, never had any disease of any kind except typhoid fever and a few chills, and I know what it did for me. It laid me up four months, and I attribute part of this to the humanized virus.

A Voice: Do you know where it came from?

Dr. Wheeler: No, and I don't believe anybody can tell where this virus comes from. How can anybody tell from looking at a child that appears very well, that it may not have scorbutic or syphilitic germs? You cannot tell by looking at a man whether he is free from disease or not. I hope the day will never come when the medical profession will abandon bovine and accept humanized virus.

I have had a great deal of experience with smallpox since the war. I have treated nearly two thousand cases in the last three or four years, and in the winter of 1893-94 I treated five hundred in my own county. I am the County Health Officer. And gentlemen, I stand up here to tell you that bovine virus is effective. I have gone into a family that had two cases of smallpox and used nothing but bovine virus, and stamped out the disease in that house. Now, if it is not effective, what did it? But I never use bovine virus that is over ninety days old. Some brother here spoke about carrying a scab in his vest pocket, or some where in his clothing, eleven months, and then vaccinating with it. I hope the doctor realizes the great risk that he took in doing that. I would not think of such a thing. I would expect to be arraigned before the civil court of the country for malpractice if I undertook to do a thing like that.

The country is being flooded with bovine virus institutions but there are one or two or three — Parke, Davis & Co. is one of them — where the virus is subjected to microscopic and bacteriological examination. In the first place, the subjects are examined their blood is examined, because we know now that tuberculosis

will lurk in the blood of a cow as well as in a human. If the blood is found to be absolutely pure, it is bound to be free from disease; after the cow is put in there and washed, scrubbed, and cleansed thoroughly, she is scoured perfectly clean and made perfectly aseptic. Then she is inoculated. As I say, I hope the day will never come that any doctor that belongs to the Confederate Association will dare to take the virus from a man that has been vaccinated with the bovine virus and use it from arm to arm.

Secretary Roberts: I rise to a point of order. Our Association simply deals with the past. This discussion does not belong to our records at all.

Dr. Keller: The question was asked, the doctor has responded. How many cases did you have?

Dr. Wheeler: Five hundred cases.

Dr. Keller: At what point?

Dr. Wheeler: At Huntsville, Ala. I had it in as many as a hundred different houses, and I stamped it out with bovine virus. I have gone into boarding houses, where there would be one or two down with it, and I succeeded in stamping it out there.

Dr. Keller: One further question. Was that among the negroes or white people?

Dr. Wheeler: Both; in some places the negroes were in the ascendancy, and in some the whites.

Dr. Keller: Was the disease the same the Arkansas doctors call the bumps?

Dr. Wheeler: I don't know what they call it in Arkansas, but we called it smallpox, and it is smallpox. Some of it is confluent, and some of it is not. There were a few that came along that called it Cuban itch, because it followed pretty close on the invasion of the Cuban army; but it is nothing but smallpox.

There is one question that has never been sprung here, and I am going to ask these medical gentlemen what they think about it. Smallpox in 1862, 1863, 1864, and 1865, and for some little time after the war, was one of our most dreaded diseases, and it killed from about thirty to fifty per cent. Smallpox to-day kills

less than one per cent. Now, of the five hundred cases I treated last winter a year ago, I lost one half of one per cent. Now, when we come to dealing with diseases, there is no accident. There is a great law underlying all of this, and it is our business as medical men to ferret it out and ascertain, if possible, what that law is. We claim that this law is heredity. I do not claim that it is so, or that it is not so, but I know this, that if a man moves into a community and has a contagious disease, or an infectious disease, like yellow fever or cholera, and it is a first attack, he is apt to suffer a great deal; but the longer he remains there, just simply the attack of the disease and the presence of the disease in the community tends to render him immune. I believe if my great-grandfather was vaccinated, and my grandfather was vaccinated, and my father was vaccinated, whether I am ever vaccinated or not, the smallpox will never hurt me as it would if vaccination had never been practiced in my family, and I believe that is a correct theory about it. The smallpox of to-day is no more like the smallpox of 1850 or 1860 than sunshine is like moonshine — just about that much comparison between the two.

Now, on this point I will say that I have seen hundreds and hundreds of bad arms from vaccination during the war, and I have seen a great many since, but I have never seen a real bad arm from bovine vaccination yet — never have. Whenever you want to vaccinate, send to Parke, Davis & Co. and get some bovine virus —

Dr. Keller: I rise to a point of order. We are not here to listen to who is the best propagator of bovine virus.

The President: I think the point is well taken.

Dr. Keller: I believe the next order of business is the paper of Dr. Malone, of Memphis, who has been here all the morning.

Secretary Roberts: Before we go into that, I wish to offer an amendment to our Constitution and By-Laws. If it is objected to, it will have to lie over for a year. *Resolved*, That no member shall be allowed more than five minutes in any discussion of a paper.

Dr. Keller: I don't know that that is an alteration of the Constitution — I don't know that it requires to lie over. I second the motion.

A Member: Five minutes is hardly enough. Suppose you make it ten minutes.

Secretary Roberts: Five minutes is long enough.

Dr. Keller: Except by permission of the convention. If the members consent to an extension of the time in any particular discussion, of course it is optional with them.

This motion was duly carried.

Dr. Todd, of Kentucky: Dr. C. H. Tebault, of New Orleans, was on the program yesterday. He has an exhaustive, able, and interesting paper, which he has wired me to have read for him, and I move that this paper be read this evening at 3 o'clock. The title of that paper is "The Treatment of President Jefferson Davis as a Federal Prisoner, and How he was Finally Liberated."

Secretary Roberts: I second the motion.

A Member: And that the representatives of the evening papers and the public be invited to attend.

Dr. Steger: I think it will be well enough to let the public know, and let them come if they wish. It might possibly bring up strife, and the simple announcement will bring every man and woman who wishes to hear it. Simply let it be known that this paper is to be read at a certain hour, and let them come or not.

This motion was duly carried.

Secretary Roberts: The Executive Committee, consisting of the President and Vice-President, and the ex-Presidents and ex-Vice-Presidents, are requested to meet on this platform at the close of this session.

Dr. Bray, of Canada: I was going to make a few remarks on the subject of vaccination, but it has been exhausted so thoroughly that I think it would be a waste of time. The question seems to be, which is the best, bovine or humanized virus? One gentleman has said that humanized virus originally came from a cow. My greatest objection to humanized virus is public opinion. I do not think this Association should go to work and insist on vaccinating by humanized virus. Whether humanized virus is

better, or whether it is not better, I think it is impracticable now to carry out any such idea. I think myself that humanized virus, taken from a thoroughly healthy child, is excellent, but if there are diseases, inherited diseases, why should they not be transmitted through virus as well as anything else? I think myself that the bacteriologists of to-day get up this bovine virus, and do it very thoroughly. The only question in my mind, if there is very much sterilization about it, whether or not it does not detract from its virtue. That is the only question. But as far as security is concerned, I am satisfied that bovine virus is very far ahead of any humanized virus, unless in exceptional cases.

I am very much pleased to be here with my brethren of the Confederacy, although I am a British subject.

Dr. Rowan: It has been stated on the floor that bovine virus should not be used after ninety days. In sterilization, to the exclusion of air, for instance, anything aseptic, why does this degenerate in ninety days? I would like to know that.

Secretary Roberts: I rise to a point of order. That question belongs to an Association of to-day, and we belong to an Association of the past. We have nothing to do with sterilization of bovine virus. We are simply here to make record of history.

The President: I think that point is well taken. If there are no more remarks on the subject, Dr. Steger will close the discussion as he sees fit.

Dr. Steger: I have nothing further to say. I believe I stated that only a few years ago, going into Keller's country, I saw a number of negroes who had had smallpox,—the very kind of persons that we would think would be most likely to die from it. There was scarcely a death among them. They eluded the officers and remained in their homes. I cannot understand it, and Dr. Keller has been appointed to give us a paper on that, and it will be before us.

The President: The next paper in order is on "Traumatic Tetanus," by J. P. Edwards.

Secretary Roberts: As Dr. Edwards is not here, I move that it be passed, to be read by title.

This motion was duly seconded and carried.

(Concluded in next number.)

## *Editorial.*

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### THE AMERICAN MEDICAL ASSOCIATION.

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THE following editorial we clip from the *Journal of the American Medical Association*, July 22, inst., in which full minutes of the meeting appear, as to the recent meeting held at Portland, Oregon:—

"It was with a good deal of misgiving that many physicians went to Portland to attend the recent session of the American Medical Association. The fact that the meetings were to be held at a point so far from the center of population of the country, the size of the town, and the fact that the Lewis and Clarke Exposition was being held, thus overcrowding the city, were sufficient to cause anxiety as to the outcome. The session, however, can be put down as being the most successful, considering all things, ever held by the Association. Seventeen hundred and fourteen registered, a number which has been exceeded only a few times at sessions held near the centers of membership.

"The scientific work in nearly all the sections was excellent. It was remarked by many that the fact that fewer papers than usual were read in the larger sections made these meetings more satisfactory, for the reason that there was more time for discussions, and these, too, were of a high character. There were only two drawbacks to making the session satisfactory in every respect, namely, the transportation facilities of the railroads were taxed to the utmost, and the hotel accommodations were not sufficiently ample for such an immense gathering. Even the hotel arrangements, however, were more satisfactory than the majority expected them to be, so that there was little dissatisfaction expressed either as to accommodations or their cost.

"The local profession entertained most royally; in fact, the criticism was that the entertainments were too lavish, and consequently must have been a severe tax on the Portland physicians and on those who co-operated with them.

"The House of Delegates transacted more important business than has ever been transacted at any previous session of the Association, and the business was despatched much more smoothly and with greater expedition than formerly. As time goes on, a notable improvement in the conduct of business is apparent.

"This session will be looked back to as being the starting point of, or at least as emphasizing, three great movements: (1) The authorization of the publication of a medical directory by the profession itself. (2) The emphatic endorsement of a movement inaugurated to suppress the nostrum evil. (3) The completion of the machinery for sys-

matically developing a higher standard of medical education through the appointment of a salaried secretary for the Council on Medical Education, who will devote his time to the work outlined by the council a year ago.

"The unanimous selection of Boston as the next place of session means that the Association is to go to the other side of the country from the newest of the West to the oldest of the East. The last time the Association met in Boston was in 1865, forty years ago. As we believe that the profession of Boston and of Massachusetts will make every effort to have the session in that city a grand success, we may look forward with pleasurable anticipation to its being a notable one.

"The following officers were elected:—

"President, Dr. W. J. Mayo, of Rochester, Minn.

"First Vice-President, Dr. Walter Wyman, Surgeon-General of Marine-Hospital Service, Washington, D. C.

"Second Vice-President, Dr. K. A. J. Mackenzie, Portland, Oregon.

"Third Vice-President, Dr. Eugene S. Talbot, Chicago.

"Fourth Vice-President, Dr. E. Denegre Martin, New Orleans.

"General Secretary, Dr. George H. Simmons, Chicago (re-elected).

"Treasurer, Dr. Frank Billings, Chicago (re-elected).

"Board of Trustees, Dr. E. E. Montgomery, Philadelphia, Pa.; Dr. A. L. Wright, Carroll, Iowa; and Dr. H. L. E. Johnson, Washington, D. C.

"Oration on Medicine, Dr. F. B. Shattuck, Boston.

"Oration on Surgery, Dr. Joseph D. Bryant, New York.

"Oration on State Medicine, Dr. W. H. Sanders, Montgomery, Ala.

"Boston the Place of Session 1906."

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#### THE MOST SATISFACTORY METHOD OF TREATING HAY FEVER.

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It is now regarded as a pretty well-established fact that hay fever is a neurosis with the peculiar local manifestation of hypersensitivity of the respiratory mucous membrane. Excessively humid air, dust, pollen of certain plants, attenuated particles of matter, and certain volatile emanations cause a pronounced irritation of the mucous membrane. This is indicated by violent fits of sneezing; copious discharge of mucus; sensation of burning in the pharynx and post-nasal vault, and sometimes in the region of the forehead, the eyes, and the cheeks; more or less headache and difficulty of breathing, due to nasal stenosis produced by engorgement of the mucous membrane; and in not a few cases, cough and bronchial asthma. These phenomena are undoubtedly the direct result of the vasomotor paralysis that follows the primary irritation. They

Sal Hepatica is very effective in limiting and reducing the amount of uric acid formed within the circulation and excreted by the kidneys, and is freely absorbed and taken into the blood, and as rapidly (along with the chemical products formed) eliminated by the excretory ducts or organs, as is readily demonstrated by its presence, after a brief course thereof, in perspiration and urine, the latter more particularly being doubled or trebled as to quantity and rendered decidedly alkaline.

Sal Hepatica is the original effervescent saline laxative, hepatic stimulant, uric acid solvent, and eliminant of irritating toxins in the alimentary tract. It is manufactured under the direct supervision of J. Le Roy Webber, Ph. G., its originator, and only at the laboratories of Bristol-Myers Co., Manufacturing Chemists, 277-279 Greene Avenue, Borough of Brooklyn, New York City.

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PUERPERAL SEPSIS.—Edward Speidel, M. D., Professor of Obstetrics and Diseases of Women, Hospital College of Medicine, Louisville, reported before the Louisville Medical and Surgical Society, Nov. 21, 1904, an extreme case of puerperal sepsis in which he had excellent results with collargol. After two weeks' treatment with the remedy, she had a normal temperature and is now convalescent. He does not like the use of streptolytic serum, which he employed in several cases. In one case he used seven bulbs in 48 hours without any result.—*American Practitioner and News, January 1, 1905.*

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COLLARGOLUM IN CEREBRO-SPINAL MENINGITIS.—Gustav Bjorkman, M. D., Professor of Physiology, Milwaukee Medical College, writes in "An Index of Diseases":—

"In my own experience I have met with great success in meningitis from the combined treatment with silver inunctions (Crede) and antiseptic packs on the skull. In some instances the suppuration took an outlet through the nose and ears; all cases that recovered regained their normal health in a remarkably short time. The method is to rub in from 1 to 3 grams (15 to 45 grains) of Unguentum Crede twice a day at first, and, when improvement follows, once a day. It is rubbed either on the trunk or inside the thigh for forty-five minutes. At the same time the hair of the scalp is closely clipped and moist borated gauze, drenched in a one and one half per cent. solution of formaldehyde, acetanilid, and one tenth per cent. of kresamine continually kept over the whole head, from the root of the nose backward down to the neck and on the sides, leaving the ears free. This pack is removed as soon as it becomes dry, and a new one applied. Over the whole is placed a cap of oilcloth. There is no objection to the simultaneous use of the ice-cap on top of the oilcloth or ice-coil on the spine. It should

be tried without hesitation, as it is entirely harmless, although in the beginning it causes inconvenience. By this combined treatment I have seen many cases, in every type of meningitis, recover; cases which, I am sure, would otherwise have succumbed.—*Abstracted from Merck's Archives, January, 1905.*

THE ST. LOUIS SKIN AND CANCER HOSPITAL.—On July 1 this hospital opened its doors for the reception of patients. This institution, situated on the S. E. Corner of Jefferson and St. Charles St., consists of a completely equipped hospital of forty beds, and an out-patient or dispensary service.

As the title indicates, only skin and cancerous diseases will be treated. The institution is founded upon the research idea for cancer and all types of malignant diseases.

A pathologist, who will devote all of his time to the needs of the hospital, has been appointed, and he will conduct such scientific investigations as the opportunities of the hospital and clinic will permit. The medical staff of the institution will also, especially, direct their efforts to scientific endeavor.

A training school for nurses, partaking of the character of a post-graduate school, has been established in connection with the hospital. Daily clinics for out-patients will be held. The institution is to be free of charge to all patients enjoying its benefits.

Inoperable and incurable cancer cases, as well as the operable ones, will be admitted to the hospital; the Society hopes, in the near future, to have a home, situated somewhere in the suburbs of the city, for former cases.

The following medical staff has been appointed: Dr. G. Baumgartner, Dr. N. B. Carson, Dr. J. R. Clemens, Dr. M. F. Engman, Dr. A. Ewing, Dr. E. C. Burnett, Dr. W. E. Fischel, Dr. Frank R. Fry, Dr. George Gellhorn, Dr. John Green, Dr. John B. Keber, Dr. F. J. Ladd, Dr. Guthrie McConnell, Dr. H. G. Mudd, Dr. Greenfield Sluder, Dr. J. B. Shapleigh, Dr. Ellsworth Smith, Jr., Dr. Justin Steer, Dr. F. Taussig.

OFFICIAL ANALYSIS.—It has long been the pride of reputable manufacturers of proprietary medicines that their product stands before the profession distinct and apart from secret remedies or patent nostrums. Proprietaryship implies a serious expenditure of capital to assure special facilities for producing a standard product worthy of acceptance as pure and reliable. Such a business is legitimate and ethical, and is necessary in this age of specialism to meet the requirements of skilled therapy with an accuracy which shall invite the support of the medical profession.

To the shame of those who abuse this trust it seems that a simple statement may not always be accepted as sufficient. To at once set at rest all possibility for doubt let those who have nothing to conceal follow the course adopted by Mariani & Company, who publish on each bottle of Vin Mariani not only the formula, but the official governmental analysis. This honorable innovation happily rings as popular, for a movement is now under consideration to compel, through State laws, the publishing of the formula of every proprietary preparation on each package.—*Coca Leaf, May, 1904.*

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**SUN-PAIN AND OTHER PAIN.**—In the pain and pyrexia produced by exposure to the rays of the sun, which is common in this country, and particularly in our large cities, during the summer solstice, Antikamnia tablets, in addition to cold douches, are the best remedy. Antikamnia tablets reduce temperature by increasing radiation of heat from the body and diminishing heat production. They stimulate the glandular system, particularly the sudorific glands. In many cases their diaphoretic action is phenomenal. They act as an analgesic by obtunding the sensibilities of the vasomotor and sensory nerves. They seem to tranquilize the ganglionic centers of the whole nervous system, and have but slight action on the brain. We mean by this, that they do not stupefy nor produce unconsciousness. They seem to have no disturbing influence on the kidneys. They have a happy effect in nearly all neurotic troubles, and occupy a permanent position in therapeutics. Briefly stated, they are indicated in sun-pain, cephalgia, neuralgia, attacks of acute rheumatism, sciatica, dysmenorrhea, irregularities, and all painful conditions.

In the treatment of conditions where it is important to exhibit quinine, the action of Antikamnia and Quinine Tablets will be found specially desirable. The Antikamnia not only relieves the pain, but prevents any disturbance of the nervous system, so frequent when quinine is given alone.

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**CYSTOGEN-LITHIA EFFERVESCENT TABLETS.**—The many indications for the use of lithia in combination with cystogen have resulted in the preparation of Cystogen-Lithia Effervescent Tablets. Physicians will find these tablets of special value in the treatment of many conditions suggesting the addition of lithia as increasing the efficiency of cystogen. In rheumatism, gout, urinary deposits, ammoniacal urine, cystitis, etc., cystogen-lithia hastens the excretion of urates and uric acid, and prevents the formation of calculus. These tablets are composed of cystogen 3 grains, lithium tartarate 3 grains; usual dose, one to two tablets three or four times daily dissolved in half a glass of water. Samples will be sent to physicians addressing the Cystogen Chemical Company, St. Louis, Missouri.

**ENTERO-COLITIS AND CHOLERA INFANTUM.**—Antiphlogistine produces results in cholera infantum that cannot be obtained in any other way. Pain is reduced, restlessness is soothed, and the tossing, moaning patient falls into a quiet, restful sleep. And why not? A moment's thought will convince you that, since the intestines and possibly the peritoneum are inflamed, an application which so rapidly reduces inflammation in other parts of the body must have a beneficial action here. Consider also that, in this case, acting directly upon and reflexly through the solar and hypogastric plexuses, it relieves the shock which is so invariably a serious part of the symptom complex.

Apply hot to the abdomen about one eighth inch thick, and cover with absorbent cotton.

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## Reviews and Book Notices.

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**AMERICAN EDITION OF NOTHNAGEL'S PRACTICE—DISEASES OF THE KIDNEY, DISEASES OF THE SPLEEN, AND HEMORRHAGIC DISEASES.**—By DR. I. SENATOR and M. LITTEN, of Berlin. Edited, with additions, by JAMES B. HERRICK, M. D., Professor of Medicine in Rush Medical College, Chicago. Octavo of 816 pages, illustrated; cloth, \$5.00 net; half morocco, \$6.00 net. Philadelphia and London: W. B. Saunders Company, 1905.

With the appearance of this, the eleventh volume of Saunderson's American edition of Nothnagel's Practice, the work nears completion, the final volume on the Heart being now in active preparation. Like the others, this volume can be taken as the acme of knowledge on the subjects embraced. Professor Senator's clear style, systematic arrangement of facts, and logical reasoning make his articles on the Kidney indispensable to the practitioner. The editor, Dr. Herrick, has enlarged on certain points whenever necessary, especially regarding treatment, diagnosis, urinalysis, etc., so as to increase the value of the work to the general practitioner. He has also added articles on Cryoscopy and Phloridzin Glycosuria.

The sections on the Spleen and the Hemorrhagic Diseases were written by Professor Litten, whose pioneer work in these fields is widely known. The articles on the Mosquito and its relation to Malaria, on Splenic Anemia, on Congenital Icterus,

with Splenomegaly, and on the X-rays in the treatment of Leukemia, have been brought down to date by the editor. Indeed, the editor's interpolations add greatly to the practical value of the volume, and we are sure such an authoritative work on these subjects has never before been published.

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**A SYLLABUS OF MATERIA MEDICA.**— Compiled by WARREN COLEMAN, M. D., Professor of Clinical Medicine and Instructor in Materia Medica and Therapeutics in Cornell University Medical College; Assistant Visiting Physician to Bellevue Hospital, etc., etc. 12 mo, cloth, pp. 157, second edition. Wm. Wood & Co., Publishers, New York, 1905.

The aim of this little brochure is to aid the memory as much as possible by condensing facts, repeating the doses, and grouping the drugs in various practical ways. It is only intended as an aid to text-books. In this second edition, two new sections on Minor Toxic Actions and Toxicology have been added.

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**THE PHARMACOPEIA OF THE UNITED STATES.**— Eighth Decennial Revision. By authority of the United States Pharmacopeial Convention, held at Washington, 1900. Revised by the Committee of Revision and published by the Board of Trustees. P. Blakiston's Son & Co., Agents. Official from 1905.

The "Official Copy" of the 8th, decennial, revision of the U. S. Pharmacopeia furnishes us with the authoritative and most reliable information, brought fully up to date, of the various standard drugs and remedial agents used in medicine, surgery, and allied sciences. The doses are given in metric measurements, but the equivalent of the apothecaries' table is added in parenthesis. We have also the correct nomenclature, assay processes, a statement as to the purity and strength of pharmacopeial articles, general formulas, etc., all of which are authoritative. The standards of purity and strength prescribed are intended to apply to substances used solely for medicinal purposes, and when professionally bought, sold, or dispensed as such.

The strength of tincture of aconite has been reduced from 35 per cent. to 10 per cent., and that of tincture of veratrum from

40 per cent. to 10 per cent. The strength of tincture of strophantidin has been increased from 5 per cent. to 10 per cent.

These changes have been made in order to conform to the standards adopted by the International Conference on Potent Remedies held at Brussels in September, 1902, the object being to make uniform the strength of potent remedies in all parts of the world.

By a vote of the convention the committee was authorized to admit any synthetized product of definite composition which is in common use by the medical profession, the identity, strength or purity of which can be determined.

The work of revision has been conducted mainly on the plan followed in the two preceding editions.

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**HANDBOOK OF ANATOMY.**—A Complete Compend of Anatomy, Including the Anatomy of the Viscera and Numerous Tables, by JAMES K. Young, M. D., Professor of Orthopedic Surgery, Philadelphia Polyclinic; Clinical Professor of Orthopedic Surgery, Woman's Medical College of Pennsylvania; Instructor in Orthopedic Surgery, University of Pennsylvania; Fellow of the College of Physicians of Philadelphia; Fellow of the Philadelphia Academy of Surgery; Fellow of the American Orthopedic Association; Member of the American Medical Association, etc. Second edition, revised and enlarged, with 171 engravings, some in colors, crown octavo, 404 pages, extra flexible cloth, round corners, \$1.50 net. F. A. Davis Company, Publishers, 1914-16 Chestnut Street, Philadelphia.

The object of this most excellent work is to furnish a concise though complete synopsis of human anatomy for the use of students, yet practitioners will find it exceedingly useful when occasion arises, as it so often does, for a quick, ready means of refreshing the memory. By means of well-selected wood-cuts, excellent typographical arrangement, and numerous tables, the author has greatly facilitated the acquisition of knowledge of a subject as difficult as it is essential.

In this new, revised edition, the pages have been enlarged and increased in number, with an increase of nearly one hundred illustrations. Many improved cuts supplant those of the former edition, and full-page engraved plates have been used where

deemed necessary. In the preparation of this last edition, both Morris and Gray have been consulted, so that it can be used with either of these standard works.

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## Selections.

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FOREIGN BODY IN THE BRONCHUS.—H. H. Germain, Boston (*Journal A. M. A.*, July 8), reports a case of inferior bronchoscopy in a child aged twenty-one months, illustrating the value of the operation, and especially of the instrument first devised by Dr. E. F. Ingals, in which a small electric lamp is carried at the lower end of the tube. The foreign body, a peanut kernel, was easily extracted without anesthesia. He also speaks highly of the forceps designed by Coolidge of Boston, which he says is much better for this operation than that of Killian. While superior bronchoscopy requires skill and practice, the inferior method is easy and can be carried out, he says, by any one who has ever used a cystoscope or endoscope.

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SURGICAL ASPECTS OF GALL-STONE DISEASE.—J. Wiener, Jr., says that the ideal method of handling doubtful cases of gall-bladder disease is to treat them medically during a few attacks. If one or more small stones are passed, followed by relief of the pain, then an operation is not indicated, because nature may effect a cure; but if one or more severe attacks of colic are not accompanied by the passage of any stones per anum, then an operation is indicated, and indicated long before there has ever been any jaundice. In discussing the symptomatology of the disease and the methods of making an early diagnosis, especial emphasis is laid on the fact that jaundice is a very inconstant symptom, as it is absent in 80 per cent. of gall-stone attacks, and is but rarely due to an obstructing stone in the duct.

To carry out a rational plan of treatment it is necessary to determine the location of the stones and the degree of inflammation present, and careful individualization is necessary. The analogy to appendicitis is very striking, and just as the mortality of that

disease has been greatly reduced by an appreciation of the necessity for early operation, the same reasoning must be applied to gall-stone disease. Early operation saves the patient much pain and the dangers of suppuration, cancer, and peritonitis. A cholecystectomy done early is not much more dangerous than an interval appendectomy, whereas stone in the common duct is dangerous not only on account of the difficulty of removing it but also of the resulting cholangitis with its sequelæ.

The whole trend of modern progressive surgery is toward removal not only of the gall-stones, but also of the diseased organ in which they develop, the gall-bladder. Primary cholecystectomy is to-day the operation of choice in the large majority of cases of gall-stones. The reasons for this are manifold: (1) The mortality is very small, lower even than after cholecystotomy; (2) The wound heals much more rapidly; (3) There is no danger of recurrence, either of the cholecystitis, or of the formation of new stones; (4) No secondary operations are necessary.

*Medical Record, July 8, 1905.*

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RUPTURE OF THE LIVER.—Dr. Tilton reported to the New York Surgical Society the case of a man who had been on a prolonged spree. When he was admitted to the hospital, he was apparently very ill. There was no history of an injury, and there were no external signs of it. The liver was apparently enlarged, and this was thought to be due to the presence of an abscess. Upon opening the abdomen, a complete longitudinal rupture of the liver was found, the edges being necrotic and softened. This had apparently existed for several weeks.—*Annals of Surgery*.

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DIAGNOSIS OF GONORRHEA.—Alexander, of Breslau, speaks of a new agent for the diagnosis and treatment of gonorrhœa. He injects a 1-per-cent. solution of peroxide of hydrogen into the urethra after the gonococci can no longer be demonstrated. The resulting secretion often shows the organism again. The author assumes that the foam formed opens the choked-up glands, and renders them susceptible to treatment with bactericidal injections.—*Courier of Medicine*.

**THE PERFECT LIQUID-FOOD** exhibits  
50% Choicest Norway Cod Liver Oil with the Soluble Phosphates.—  
**PHILLIP'S EMULSION.**

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## THE SOUTHERN PRACTITIONER

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No. 9

### *Original Communications.*

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#### THE MORE SERIOUS COMPLICATIONS OF LA GRIPPE, OR INFLUENZA.\*

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BY E. A. COBLEIGH, M. D., CHATTANOOGA.

It is my purpose merely to present some of the clinical observations happening to myself in connection with this ailment, as I have observed it since its reappearance in this hemisphere in 1889. As, too, it has since seemed to have become fixed in our land, through its recurrence every winter for the intervening decade and a half, I take it that every clinician with wide opportunity for observation, whether in public or private practice, has noticed these same events.

Primarily it appears that the public, and quite a body of medical practitioners as well, regard grip as a joke rather than

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\*Read at 72nd Annual Meeting of the Tennessee State Medical Association.

otherwise. But this is the very thing which experience has disproven to me, and which I believe ought to be fully impressed upon the laity by professional sentiment, broadly expressed. Indeed, so often do I hear the phrase, "I had the grip, and have never fully recovered from it," that to me it is ominous of distress and mischief altogether.

One of the primal results of grip which was impressed upon me early was not simply the usual debility which accompanied most of our cases, and seems out of all reasonable proportion to the appreciable conditions presenting, but its indefinite persistence and extreme degree in quite a good many cases. These patients, wholly without regard to age or previous vigor, are as limp as rags — too feeble for any movement or exercise beyond the minimum of vitality required to stay alive. This one element of debility — passive existence alone — is profound, and the sole cause for uneasiness. Instead of recovering within ten days or a fortnight, most of these sufferers linger for weeks, sometimes even for months; and not a few dwindle on for a year or two to die of sheer exhaustion at last.

I particularly recall the medical director of a prominent life insurance company, in this connection, who experienced just such effects of grip every year for four successive seasons. The last one he visited my city en route to Florida for rest and recuperation, and was my patient for a brief period, going and coming. He was a little past the half century in age, and had been quite a vigorous man all his life; yet his age did not at all account for the exquisite lifelessness of the patient. He was simply too weak for anything. He said to me, "I must never, never have grip again, and shall run away from it next time." While perfectly clear in his mentation, he was indisposed even to think; and his mind was about as debilitated as his body. There was no cough — nothing left of his seizure except the desperate depression of vitality. He lingered four or five months longer, and died utterly worn out — beyond the possibility of recuperation.

This is but one of numerous similar instances which have come under my observation, some of them in childhood and youth. The pulse in these cases may be either subnormally slow, or may

show tachycardiac features, but is characterized by its smallness and its thread-like feebleness; the respiration is shallow and weak, sometimes sighing, but without pulmonary changes; the temperature is perhaps normal, seldom feverish, and generally below par; and these are about the only objective features.

The next condition, often occurring by itself, is marked by extreme nervousness. This sometimes goes hand in hand with the condition just described — giving us, then, a double manifestation of neural dejection. Frequently, however, the nervous feature is dissociated from the weakness of vitality happening in the preceding state; but is quite as extreme in its way. These victims are fidgety, uneasy, tremulous, apprehensive, forgetful, despondent sometimes, altogether changed in characteristics from their normal selves by the grip attack. They suffer often from insomnia, occasionally from stupidity, the former being the general state. And there is no safe limit for prognosis as to when the sufferer shall regain normality of nerve equipoise. The centers of neural vitality and co-ordination seem overwhelmed into extreme instability by the poison or shock of the grip seizure. There is no special change of temperature, but breathing as well as circulation sympathize with the neurotic status, and are generally rapid or irregular, or both.

A third condition, not very frequent, but seen often enough to impress the clinician, is marked mental involvement, occasionally amounting to prolonged delirium, to stupor little short of coma, to hallucination during or even after convalescence from the real attack; and, rarely, to mania, or continuing insanity. In none of these forms, however, has it been my lot to note a permanency of the condition, all cases which fail of dissolution through the very intensity of the original grip attack ultimately recovering normal mental stability, or nearly so. Some may have severe recurrent headaches or other neural explosions afterward. But I have been fortunate enough not to have encountered permanent unbalancing of reason after grip. Yet I am sure such an event might occur, at least to the already pre-disposed. But my personal experience warrants me in assuring these afflicted people and their relatives of the ultimate recovery of mind, no matter

how greatly unbalanced may be the patient at the time. As to duration, however, I am too cautious to set any date for termination of the derangement. Some of the patients seem to me bordering on the common delirium of alcoholism, only the poison being different. I have seen the milder kinds of mania continue for weeks, or recur at irregular intervals for two or three months. But, despite the apparent malignancy of the outlook in such cases, it is my pleasure to do business with a number of such patients of the long ago, who are well and sound and happy after such escapes, at the present time, and have been well — most of them — for several years.

Not seldom does it happen that neuritis is the heritage of the grip victim. This may involve a single nerve trunk; or it may be widespread multiple-neuritis, involving paralysis of both lower extremities, and exquisite lightning pains sometimes, according to the location of involvement, and whether sensory or motor structures suffer, or both. A prominent member of this Association now present here, can testify to the exquisite suffering and inability from the foregoing condition. And while he is nearly himself again, after three years of convalescence, he is not quite as vigorous as before; and it is possible that he never will be. Two others of my colleagues have experienced similar neural disabilities under my observation and treatment, at different times. And still another, after complications almost innumerable, as sequelæ of grippe and after two years of heroic struggle for mastery of his ailments, sleeps his last sleep, vanquished after all by this mysterious and sometimes malignant affection. A number of cases among the laity have likewise fallen to my lot, manifesting these forms of neural inflammation, or spinal inability.

That all clinicians of wide observation, and many of limited opportunities, have witnessed diverse forms of hysteria resultant from influenza, I take for granted from my own experience; likewise that no small number of pelvic involvements, particularly showing influence by menstrual disorders of more or less gravity, can undoubtedly be confirmed by our gynecological brethren. So, too, pelvic derangement is every now and then signaled by dysmenorrhea, and by peri-uterine ills of considerable chronicity. Cystitis

and cystic paralysis, in both sexes, is sometimes met with. Renal inflammations, however, I confess to have come across so rarely that I do not now recall more than two cases, and they were of little intensity or importance. Quite likely, nevertheless, it is because we do not look for these involvements that they escape our detection.

One of the most impressive and rare complications of grip which I recall ever having seen consisted in extreme clonic spasmodic seizures, particularly involving the heart, the diaphragm, and the muscles of respiration, with perfect mentation during it all, but giving rise to the most pitiable agony of fear of impending death. This patient, too, was an intelligent physician, who fully realized his danger, and therefore begged to be saved from such a horrible death. He recovered finally, under the administration of powerful antispasmodics, but was in undoubted danger of dissolution resembling that from tetanus for nearly forty-eight hours, though gradually lessening in intensity after I first instituted treatment. And he lived in mortal dread of any future attack of grip, lest he suffer a recurrence of this malignant feature.

Serious pneumonias from grip infection, or resultant afterward from the lowered vitality thus caused, I hardly need mention. I am sure the whole profession is duly alert on this subject. Hence I shall not dwell upon this feature of influenza mortality and danger. I merely wish to mention that, while common fibrous and catarrhal pneumonias are quite common in this disease, I have been impressed with a peculiar form of pneumonia which I do not remember ever to have seen otherwise. The involvement, while clearly fibrinous in character, as proven by the symptomatology, is not uniform over a considerable area of the lung, as we see in ordinary lobar pneumonia, but involves only small patches of the respiratory organ, solidifying little areas here and there, generally grouped closely, so as to remind one of bunches of grapes strung together; here a few air cells consolidated completely; next a resonant area; then more consolidation; again clear, more or less; and so on to the extent of an entire lobe, or more; not seldom involving both lungs to a degree, and spoiling

the involved spongy tissue for respiratory purposes; at the same time there do not exist in these customary symptoms of catarrhal pneumonias such as we find in other diseases, bi-lateral in extent, as well as symmetrical in manifestations. To me these strange pneumonias are impressive and interesting. And I find other observers have been similarly struck with these "bunches of grapes" in the pulmonary organs, while it does not yet appear to have become a common matter of observation.

Rheumatism, or, at least, rheumatoid manifestations, happen occasionally from grip, but are not so frequent or severe as to deserve emphasis at my hands. Meningitis, even fatal, has come under my observation, which seemed clearly attributable to an insidious infection, especially happening in childhood or infancy. I saw one case where the attending physician was quite positive that the origin was in the prevalent influenza epidemic, in an infant barely two months old, and he was a close observer and more than ordinarily competent and capable.

Pleuritis has happened under my observation immediately subsequent to, or even co-incident with, a grip seizure, a number of times. And the conviction has been forced upon me that the former was directly resultant from the latter. I believe, indeed, that all serous and synovial membranes may be involved by the poisoning of grip, and that a serious or even fatal inflammation may happen as a complication or sequel thereof. A very remarkable and pathetic case occurs to me this minute, of a vigorous young patient in the full bloom of early manhood, with a history of never experiencing a seriously sick day in his life (and I had personally known him both as child and man, almost from his birth), who went down with a plain case of grip, manifesting the usual symptoms, and for the first few days progressing favorably toward apparent recovery; suddenly a pelvic pain — rather an iliac agony — occurred, to which my attention was called soon after its inception. Had it been upon the opposite side, I might have thought it appendicitis, from its ensemble of manifestations. But I said to the friends at once, "This is strongly suspicious of localized peritonitis, which I fear. I will determine further in the morning." This was about dusk in the afternoon.

Next morning I had no hesitancy in saying general fulminant peritonitis, such had been the rapidity of its spread; and about 2 P. M. of the same day he died from unmistakable septic peritonitis, with its attendant profound shock.

Very briefly, lest I transcend the limit of time for my paper, I will say, in passing, that hépatic involvement, even to the extent of cholemia and fatality, not infrequently happen from grip. So often have I met such cases that I assume it to be the experience of all other observers, and therefore not specially necessary for discussion at present. So, too, protracted and malignant anemias occur often enough — though comparatively rare — to impress us with the involvement of the hematopoietic system, and the importance of looking carefully after its integrity in handling grip epidemics and their resultant pathological conditions.

This leads me to a class of cases which I suspect have never yet received sufficient attention at the hands of the profession, though I occasionally notice reference to them by observers. Passing over chronic involvements of the throat, bronchi, and air passages, because these are generally recognized; and especially the danger and the actuality of secondary tuberculosis, with its numerous victims, for the same reason, I come to consider cardiac affections secondary to influenza. Of these it has been my personal experience to run across quite numerous instances, and many of them have shown such a gravity as to endanger life for prolonged periods, when not shortly fatal *per se*. Indeed, some of these patients never wholly recover, but carry crippled hearts the rest of their lives.

So numerous have such instances been under my own observation as to lead me to the conclusion that grip certainly causes quite as many chronic cases of cardiac disease as rheumatism, and the latter gets credit for involving the heart in 40 per cent. of all its cases. I do not believe that grip causes heart involvement in that proportion of all influenza cases by any means; but as grip affects nearly all of the inhabitants as it sweeps over the country as a pandemic, from season to season, it probably leaves behind it as many crippled hearts in totality as rheumatism does in the same length of time. And I only ask my confreres in the profes-

sion to closely observe regarding this in their "heart" cases from now on, and I feel pretty confident that histories of cases hereafter obtained, on close questioning, will demonstrate my claim.

Pericarditis, while it is rather unusual, and the least frequent of these happenings, confronts us occasionally; any way, often enough to deserve recognition for grip as an etiological factor in the inflammation of heart investment, the "outside" disease of that organ.

But when we come to consider the etiology of endocarditis, I am every way confident of the correctness of my premises when I insist on its quite frequent happening. I have met it too often myself for me to mistake its frequency or its gravity, if I had only looked for in our analysis of the general run of grip cases as we do in this connection in simple rheumatic cases. And the same with regard to carditis proper. Both of these ailments result from the influenza poison and shock far oftener than has thus far realized by the general profession.

I shall not take your time with the — often decidedly obscure — symptomatology of both of these afflictions. I refer you to your best text-books for refreshment upon this subject. But it has surely been my experience, both in my own personal work in consultation practice with numerous other practitioners, in city and country, in public and in private work, to run across relatively many of these serious cardiac involvements. They threaten the existence of the patient immediately, in many instances; they confine other persons to bed, absolutely, sometimes for a month or two, to insure recovery; and they always prolong the probability of persistence indefinitely, threatening the life of the invalid for years afterward, in many of the best cases. Hence I approach them with fear and trembling as to the ultimate issue, no matter how remote thereafter.

As a rule they are likely to pass unrecognized, and especially on the part of a superficial or inexperienced observer. But when looked for and signaled by bruits, cardiac irregularities, unaccountable general weakness, or particular heart "staggering" or feebleness (shown in a thready pulse often), by breathlessness on exertion,

tion, no matter how little, by either tachycardia or brady-cardia, or other manifestations of extreme cardiac feebleness, do not fail to suspect the heart's integrity, and look carefully after same. And, even in the absence of manifest symptoms, do not forget my warning here and now, but regard the heart with anxiety, and make assurance "doubly sure" by confining your patient to bed absolutely, and restricting him in every manner to comport with your suspicion. No serious harm can result from overdoing the matter, while ultimate fatality *may* come from laxity or indifference. Better err on the right side than contrariwise, always.

It is not my purpose at all to suggest treatment for the various complicating ills of grip hereinbefore specified. This may wisely be left to the individual observer, carrying out his own personal ideas of therapeusis as each exigency arises. But it is my intention to emphasize the fact that serious, threatening, and not seldom fatal complications or sequelæ of influenza occur very much more often to practicians than authorities at present seem to indicate, or the profession to fully realize so far as my reading and observation extend. And with such an experience in my own sphere, I feel confident that a general warning upon this subject is not out of place; for I have often run across these serious characteristics in consultation practice, where the doctor in charge was either puzzled at symptoms presenting, or misled altogether by overlooking the gravity of the particular pathological state, or unwarrantably confident of final issues, through his opinion of the inconsequential nature of grip in all of its manifestations. In other instances the influence of grip seemed to be overlooked. But in a majority of cases the underlying elements of complications and danger had not been differentiated at all, especially in serious heart cases, with malignant debility both of circulation and general vitality.

Briefly put, my object is to sound the note of danger; to awaken my colleagues to the frequency of complications, and insist on their prompt recognition, for the patient's safety and subsequent welfare; and to proclaim that grip, even in cases beginning as trivial seizures, shall *always* be regarded with sus-

picion and apprehension, and classed as one of our *dangerous* diseases instead of merely a slight and passing ailment; and the general public shall be taught to consider it accordingly, as certainly causing as widespread mischief and results as more common typhoid and other fevers.

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#### DISCUSSION ON THE PAPER OF DR. COBLEIGH.

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DR. C. P. McNABB, of Knoxville: *Mr. President*,—I want to Dr. Cobleigh for his paper, as it is timely, and deals with an important subject. I think I may borrow an expression from our friend, Dr. and say that many of my professional friends at Knoxville consider that I have "two harmless obsessions:" one is that which endangers the heart as much or more than rheumatism; and the other is, that the coal-tar products endanger it as much as the grip which are used freely in influenza. I see many of these cases, such as Cobleigh has mentioned, both in private and consultation practice, and there is no reason, sir, to doubt that myocarditis is extremely frequent and is increasing all the time as a result of the poison of grip. I have not thought, as Dr. Cobleigh seems to think, that we have endocarditis so often. We frequently have murmurs occurring, and I think every physician who is attending a case of influenza should listen carefully to them. They are not always caused by disease of the valves, but by an acute dilatation of the ventricle. Along with these murmurs I find a very feeble first sound, and a slow, weak pulse. Not infrequently it is irregular, and I have supposed it was due to myocardial degeneration or a neuritis of the cardiac nerves. Whatever may be the cause, the facts remain that the heart muscle grows weak, and the patient is in danger. I see this extremely often.

Another thing is the common use by the laity of the coal-tar products in the treatment of influenza. They have learned that they can take five-grain acetanilid headache tablets or headache pills, so that if they have the grip they will take five-grain tablets of acetanilid, and there is not the slightest doubt in my mind but that this contributes to the heart weakness, and it is a positive danger.

About two weeks ago I saw a farmer three miles from Knoxville who was suffering from influenza. He had not a strong heart to begin with. He bought some five-grain tablets of acetanilid, and took them in the evening, and from nine until ten p. m., when I saw him, he was absolutely pulseless at the wrist. The heart beat was 50 per minute, and so very feeble that I could scarcely hear the

sound at all. The acetanilid tablets had precipitated this attack. He was extremely ill; practically unconscious, and his bowels had been moving involuntarily. He had taken nothing except acetanilid, and was almost dead. I succeeded in bringing him around by hypodermics of camphorated oil, strychnia, etc.

The point Dr. Cobleigh brought out was the fact of danger to the heart in cases of influenza, and I would add to that the danger of giving the coal-tar products in treating influenza. It is far better to use something else. I do not believe in the use of opium where it can be avoided, but I would rather use codeine, or even morphine, if the patient suffers extreme pain, than to give coal-tar products. If I use them at all, I never fail to add caffeine, strychnine, and digitalis, for the purpose of minimizing their heart depressing influences.

DR J. D. HOPPER, of Jackson: I want to thank Dr. Cobleigh for the admirable paper he has read, for two or three reasons. First, it bears out my experience with the grip, and also sustains a little paper I read a few years ago on the sequelaæ or the conditions that follow grip. He has covered the territory just as I see it.

In the years 1898-99 we had an epidemic of this disease spread over our part of the country, and I saw patients die on every hand, consequently I have come to look upon grip as one of the most fatal diseases that we have to contend with. About the same time grip struck our part of the State, smallpox began to prevail, and the health authorities took steps in regard to stamping out smallpox, and I do not think statistics of mortality showed that it was greater than two per cent. in smallpox cases, while hundreds of the best people in the State died from grip and its complications. I have seen cases die from meningitis that were caused by the germ of grip, or the poison. I have seen cases of mastoiditis and pericarditis develop from this disease, in fact, nearly every mucous or serous membrane of the body has been more or less involved.

This paper coincides with my experience, and I long to see the day when the profession will take up the study of grip, and ferret out what it is, and a more rational treatment. When it appears as a pandemic or epidemic, it attacks more people and leaves them crippled in health than any one disease with which I am familiar or have ever heard of.

DR E. A. TIMMONS, of Columbia: I do not think the essayist spoke of orchitis as a complication of grip. Three years ago I was called to the country to see a married man who was confined to his bed. When I got there, I found he had a typical attack of grip of the rheumatic type, and in addition to that he was suffering from quite a severe orchitis, the left testicle being the one principally involved. I questioned him closely as to whether he had ever had gonorrhea. He said he had not.

I then asked him whether he had injured himself riding or otherwise and he said he had not. At that time I thought possibly he had unconsciously injured his testicle. I advised, in addition to the treatment I gave for the grip, that he poultice his testicle, and that the poultice at hand to be used was well-cooked onions — to be applied to the testicle. Soon after using this poultice the orchitis began to subside, and in five or six days the soreness disappeared. After this case, there were two colleagues of mine in Columbia who reported cases of orchitis occurring incidentally with grip, and I believe if you will notice these cases carefully, in some isolated ones you will find, in addition to the sources the essayist has referred to, cases of orchitis.

Dr. J. S. Nowlin, of Shelbyville: It seems to me, Mr. President, from what I heard of it, that this was a splendid paper, well written, and I like it very much. From the observations that have been made, it has occurred to my mind that, whoever the man was in the beginning who undertook to ascertain the cause of disease, if he had thought of this particular cause which produces influenza, he would not have thought of any other. It seems that if it once gets into the system, it produces disease to which the organs of the body are subject. I can easily see that this influenza, this grip, is capable of producing so many different pathological conditions. To be dependent upon a germ, if specific, it would have its legitimate effect. I think we are giving it too broad a scope; we are ascribing to the germ of influenza too many conditions. I suppose, however, it is possible for coincident pathological conditions to exist at the same time, when the system has labored under the influence of the specific cause of grip and that a latent pathological condition might be developed and show itself with considerable force when the system has been reduced somewhat, or when the nervous system has been under the influence of this germ. I have been accustomed to look upon the natural impress which this disease produces upon the body, as through the nervous system. Take almost any disease to which the human body is subject, and you will find the cause of it is a specific germ in the system. It may attack the individual locally, and produce constitutional effects afterward. I think I got the idea from Cain that every disease has its special local point upon which to make its attack, and afterward we may have constitutional results. In this disease, this cause, whatever it is, manifests itself through the nervous system always, and the nervous system controls the whole economy.

The first epidemic of grip I saw a good many years ago. We called it then influenza. It affected the bronchial mucous membrane of the respiratory canal. I remember a large white family in which there were negro servants, all of them being affected. You could hear even the negroes coughing. The negroes had diarrhea as the result of this specific disease, or poison; but this, I take it, is not capable of setting up such severe

inflammatory action as we are accustomed to attribute to special causes. That it can produce pneumonia, orchitis, peritonitis, or endometritis, I hardly think. I do not believe, gentlemen, that the germ of grip can set up these troubles in organs to which we are accustomed to attribute its attack. For instance, organic troubles, disease of the valves of the heart, etc.

DR. D. R. NZL, of Nashville: I wish to emphasize a little more fully one point Dr. Cobleigh made in his paper, and that is this: He simply mentioned pneumonia, but did not give it as a complication of grip or diphtheria. I believe that grip, with the complication of pneumonia, is one of the worst enemies of old people we have to deal with, and as a complication in old people it is frequent. When I say complication, I mean complication. It comes on in connection with grip, and we have two conditions to treat at the same time. Why should we have pneumonia as a complication of grip? Simply for the reason that we have excessive weakness. Also, possibly, we have pneumonia for the reason that we have cardiac lesions, a depressed condition of the heart's action, and, as a matter of course, we have an enfeebled circulation. Where we have an enfeebled circulation, if the patient has grip, the chances are we will have a hypostatic congestion or a hypostatic pneumonia. This is particularly true in old people. In old people, in the majority of cases, there is a loss of elasticity in the blood-vessels, and an enfeebled circulation. So under the circumstances we have pneumonia as a complication of influenza, possibly more frequent in older people than any other one condition.

DR. COBLEIGH (closing the discussion): In reply to Dr. McNabb, I want to say that while I agree with him that myocarditis is a frequent complication of grip, I do not think it is difficult to demonstrate the fact that endocardial trouble occurs with considerable frequency. This is proven not only by the more or less rapid cardiac action, but persistent murmurs, and a valvular condition after the attack. I think the dilatation he mentioned is proven by the physical signs without difficulty at the bedside in some of the extreme cases.

With regard to orchitis, I must confess that it is one of the complications of grip that has not occurred in my experience. Orchitis comes from the grip of a different kind very frequently [laughter]; but that it occurs from the germ of Pfeiffer has not thus far been my observation.

With reference to the remarks of my venerable friend, Dr. Nowlin, who challenges the accuracy of our observations and conclusions, I merely have this to say: I think all observers, all pathologists, all authors, admit that typhoid fever produces almost every conceivable disturbance of the human body, either directly or indirectly. This is a germ disease, and we have seen localized abscesses, ruined hearts, all sorts of malignant anemias,

and every conceivable thing as the result of the particular ptomaine the poison of the typhoid germ, and particularly from the extreme debility to which the patient is subjected, leaving him like a wounded soldier on the battlefield, incapable of defending himself against other aggressive invaders, possibly bacilli or micro-organisms. Be that as it may, I do not attribute all the complications of influenza to the germ directly, although I do think many of them may be so related, as is seen in connection with typhoid and other infectious fevers. But I regard the extreme debility the capacity of unprotectiveness so to speak, of the patient as responsible for many of these cases. And we know, I think, beyond question, that these patients are reduced to the verge of the grave on account of extreme feebleness, so that it would seem to me anything could develop as a complication of influenza.

As to the remarks of Dr. Neil, I will say that I took it for granted that the whole profession was sufficiently alert in regard to pneumonia as a complication, and that it did not need any attention at my hands. In my paper I strove to bring out the complications of influenza that are not so commonly observed.

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## GASTRO-INTESTINAL DISEASES OF CHILDREN IN SUMMER.\*

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BY ZEB L. SHIPLEY, M. D., COOKEVILLE, TENN.

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THE hot season is now upon us, and again the general practitioner is confronted with the difficult problem, how best to battle against those dangerous and deadly foes of the infant. Whether it be called cholera infantum, acute or subacute milk-infection, infectious diarrhea, enterocolitis, summer complaint, or what not, the question is, how shall we best protect and save these little ones from the ravages of the diseases above mentioned? We all know that as a result of these diseases many happy homes are robbed of their little jewels every summer; the proud parents are forced to consign their little treasures to the narrow and quiet resting-place, the grave.

If we were to ask ourselves the questions, Is the medical profession doing all it can toward saving these little sufferers? Do we really know all we should, necessary for the prevention and treatment of the various summer complaints of infants? we would

\* Read at 72nd Annual Meeting of the Tennessee State Medical Association.

be forced to answer in the negative. Yet there is no doubt in my mind that the conscientious physician has at all times the interests of his patients at heart. He will strive with all the means at his command to help save his patients. He will rejoice with the friends of the afflicted when the battle against death is won. And again, he will feel sad and disappointed when his efforts have been in vain.

The medical treatment of the disease of children, hitherto, has to a great extent been neglected by the general practitioner; perhaps this accounts partly for so many more deaths in children than in adult life, yet the gastro-intestinal diseases of children during summer has given me far more concern and anxiety than most other diseases combined. It has been the paramount affliction of the children whom I have been called upon to treat. Diarrheal affections in children contribute far more than any other disease to their mortality during the summer months.

The acute diarrheas of infancy may be divided on the basis of their etiology into two main classes; viz., those due to nervous origin, and those due to infection.

*Simple diarrhea* is of nervous origin, manifested by an increased peristalsis. This increased peristalsis may be caused by various conditions acting through the central nervous system, or by the mechanical action of undigested food. Among the most important factors acting through the central nervous system are sudden changes in temperature, prolonged exposure to heat or cold, fright, and fatigue. Food may fail of digestion from being unsuitable, or from the digestive organs being functionally weak. In either case the food becomes a foreign body. In this form of diarrhea the intestinal mucous membrane shows no pathological lesion unless it be a slight hyperemia. The stools are increased in number and fluidity, and usually contain particles of undigested food. This form of diarrhea, alone, is not considered a dangerous disease, except at times it renders the alimentary canal more susceptible to invasion by micro-organisms.

The chief factor in the treatment of this form of diarrhea is the removal of the cause. If the alimentary canal contains undigested food, this can best be eliminated by giving fractional

doses of calomel and sodium bi-carbonate often repeated until 1 or 2 grains have been given, or castor oil given in teaspoonful doses acts very admirably.

The cause having been thus removed, the diarrhea usually ceases. But should it continue, the treatment then should be directed to the control of the excessive peristalsis. For this purpose opium and astringents may be resorted to. But with this exception these agents should never be given. Opium is best given in the form of paregoric, and only a few drops should be allowed at a time.

Thus far we have considered simple diarrhea only, but shall now turn our attention to *infective diarrhea*, which presents a different phase of the subject altogether. Such diarrhea is said to be a result of poisons generated by the growth and multiplication of bacteria in the milk from which the child is fed. The symptoms of this form of diarrhea are not very alarming in the beginning, hence the little sufferer is usually kept upon the same diet of infected milk, and thus continually receives a fresh supply of poisonous material. The number of deaths resulting from this disease is yearly much greater than from any other form. It is almost entirely a disease of the summer months, during which time the disease is simply fearful in the larger cities. Early in the summer the cases are few, but as the temperature rises, the number of cases increase, and as the autumnal days approach, the number of cases diminish. Just in proportion as the food given the child is pure and wholesome, and the patient's hygienic surroundings are good, in like proportion is the disease less frequent and its severity less marked.

The pathological lesions of this form of diarrhea are quite different from those of the simple form, inasmuch as the intestines may present all grades of inflammation, from a simple catarrhal and simple follicular hyperplasia, to an ulceration and the formation of a false membrane. With the bowel in this condition, the absorption of the nutritive properties of food is next to impossible, hence the constitutional symptoms are due partly to lack of nourishment, but chiefly to the abstraction of fluid from the tissue and the absorption of toxins. Among the most

striking symptoms of toxic absorption are reflex vomiting, hyperpyrexia, prostration, with cardiac depression and nervous excitement, the most common manifestations of nervous excitement being restlessness, constant motion, and sleeplessness.

In the prophylactic treatment of this disease the infant should have the best possible hygienic surroundings, should be given plenty of fresh air, and bathed frequently. Care should be taken not to overfeed them, as less food is needed in warm weather than in cool, and owing to the depression produced by the heat, the child is less able to digest its food. As this form of diarrhea is due to micro-organisms, and as these micro-organisms are largely introduced with the food, it is evident that every effort possible should be made to give the child fresh and sterile food.

In treating this disease we should keep the infant as quiet as possible, and give it the greatest possible amount of fresh air. It should be lightly clothed and frequently bathed.

Next, the alimentary tract should be rendered as nearly aseptic as possible. This can best be accomplished by irrigating the colon with some mild antiseptic, as normal salt solution, by giving fractional doses of calomel frequently, or by giving the mercury and chalk mixture. My idea for suggesting mercury instead of castor oil is, that it is within itself both an antiseptic and a sedative, and also causes more of the antiseptic bile to be thrown into the duodenum. After the alimentary tract is thus emptied, I would advise the administration of some intestinal antiseptic, as salol, sulpho-carbolate of zinc, or bismuth. Since, as has been stated, the most serious symptoms of this disease are due to the absorption of toxin from the intestines, it is evident that any method of treatment which interferes with the natural elimination of these poisonous products is absolutely contra-indicated. The frequent discharges are nature's efforts to cure, hence opium in any form can rarely do anything but harm.

Astringents are undesirable for the same reasons. They are less dangerous than opium, only because they are less powerful; yet as before stated, if the pain and peristalsis is very excessive and otherwise uncontrollable, opium may be used as a last resort.

The patient should abstain from all foods for a period of

twenty-four hours, and from milk until recovery is permanent. During the acute period he should be nourished by animal broths and peptonoids.

Cholera infantum is a severe form of gastro-intestinal infection of the summer months, but since it is rarely met with in this country except in the larger cities it will receive no consideration in this paper.

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## Abstracts.

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### COLONIC ALIMENTATION.

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IN the *Journal of the Am. Med. Assn.*, July 1, ult., Dr. J. A. Wyeth, of New York, gives the history and report of the operation of esophagotomy for removal of a plate of artificial teeth. The plate was swallowed Feb. 27, 1905, and removed by Dr. Wyeth, assisted by Dr. R. C. Myles and the Polyclinic Staff of the Polyclinic Hospital, April 9, following, six weeks after the accident, the wound healing completely with perfect union twelve days afterward. Nutrition was maintained largely through enemas, and the report concludes with the following very interesting particulars pertaining thereto:—

"The value of alimentation by the colon as a feature of surgical practice is so important that the following is submitted:

"For conveying water by the lower bowel to the blood, normal salt solution should be employed (one teaspoonful of salt to one pint of water which has been boiled and allowed to cool down to the temperature of the body). From six to eight ounces to as much as a pint, and at times more than this, may be employed if absolutely necessary. The foot of the bed should be well elevated so that the liquid will gravitate away from the rectum, and thus avoid pressure which induces an effort at evacuation. When there is great intolerance of the lower bowel, smaller quantities should be employed with more frequent repetition.

"One of the most useful foods given by the colon is milk. When the bowel is irritable, the warm process, which is as follows, should be employed: Put a teacupful (gill) of cold water and the powder contained in one of the peptonizing tubes\* into a clean quart bottle and shake thoroughly; add a pint of cold fresh milk and shake again; then place the bottle in a pail or kettle of warm water — about 115° F. — or not too hot to immerse the whole hand in without discomfort. Keep the bottle in the water bath for from thirty to forty minutes or longer if a greater degree of pre-digestion seems necessary, then put it immediately on ice. As a portion is needed, shake the bottle, pour out the quantity — usually four ounces — and heat gently to blood warmth. Avoid hasty heating and over-heating.

"Six, eight, or twelve ounces may be given every four or five hours, or a larger quantity if the case is urgently in need of nutrition and the bowel is tolerant. In rectal feeding it is of great importance not to overcrowd the colon sufficiently to produce irritation.

"In cases where the enema can be retained for some time without irritation, the milk may be peptonized by the cold process. Put a teacupful (gill) of cold water into a clean quart bottle and dissolve it by shaking thoroughly the powder contained in one of the peptonizing tubes; add a pint of cold fresh milk, shake the bottle again, and immediately place it directly in contact with the ice.

"Warm each portion as it is required for injection, being careful to avoid hasty heating or over-heating.

"Or, only a sufficient quantity to use may be prepared each time by the following method: In two tablespoonfuls (one ounce) of cold water dissolve one quarter of the contents of a peptonizing tube; add eight tablespoonfuls (four ounces) of cold milk; warm to the proper temperature and inject at once.

"In administering eggs the following formula is advisable: Dissolve the white of an egg in three times its bulk of warm water; to this add the contents of one of the peptonizing tubes, stir well, and inject at once. The water should be just warm

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\*I prefer those prepared by Fairchild Bros. and Foster.

enough to make the mixture the proper temperature for the injection, not hot enough to coagulate the albumin.

"Another method of using the whole of the egg is to beat white and the yellow well together, with a pint of milk, add a gill of water in which the contents of a peptonizing tube have been dissolved. It may be employed cold, but if it is thought best to use the warm method, warm water can be used as in the formula immediately preceding.

"In using beef for rectal feeding, to a tablespoonful of minced lean beef add four tablespoonfuls of cold water, and gradually heat to boiling. Strain all through a fine sieve or colander. When it becomes lukewarm add the contents of one of the peptonizing tubes, and it is ready for injection. More water may be added should it seem desirable.

"I have used Fairchild's panopepton in rectal feeding with much satisfaction. It should be diluted in two or three parts of lukewarm water, or preferably, normal salt solution.

"If it is desired to employ whey, it can be combined with panopepton at times as follows: Put one pint of cold fresh whey in a clean saucepan and heat it to not over 100° F. Add two tablespoonfuls of essence of pepsin and stir just enough to let it stand until firmly jellied, then beat with a fork until it is finely divided, and strain. Warm to the proper temperature and inject without dilution. Panopepton and whey may be used in conjunction by adding three parts of whey to one of panopepton.

"Panopepton and peptonized milk may be used by mixing one tablespoonful of panopepton with two or three of peptonized milk prepared by the warm process. Mix the panopepton with the peptonized milk when required for use."

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ANASARCIN.—Restores the natural balance between the arterial and venous systems, stimulates the heart, equalizes the circulation, promotes absorption of effused serum without increasing the debility of the patient or interfering with nutrition by inducing loss of appetite.

## *Records, Recollections and Reminiscences.*

### ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY.

(*The Eighth Annual Meeting, continued from August Number.*)

The President: The next paper is "Rambles in History," by C. C. Henkel, M. D.

Secretary Roberts: Dr. Henkel is not here, and I move that this paper follow the course of the preceding paper, and that if we have time it be read, and if not that it be read by title.

This motion was duly seconded and carried.

Dr. Keller: I move that Dr. Malone now be heard.

This motion was duly seconded and Carried.

Secretary Roberts: I wish to state that our Association consists of Members, Associate Members, and Junior Members. We have upon our program an address by a member, and also one by an Associate member. An Associate member is a regular doctor of medicine who is a Confederate Veteran. I take pleasure in presenting Dr. Malone, who is a regular doctor of medicine and a Confederate Veteran.

Dr. Malone: *Mr. Chairman, Comrades, Ladies and Gentlemen:* I was requested to address this Association, and I will reply that I know nothing about the medical history of the Confederate War, and am therefore not competent to speak on that subject. The chairman of the committee told me to select my own subject, and then wrote me to give the subject of my paper to Dr. Roberts, who is the Secretary of your Association. I wrote to Dr. Roberts that he might put down "Bits of History." It is very probable that when I get through you will think I have done as they said Lincoln did at Gettysburg — made a failure.

I think it is the duty of every man that wore the gray from 1861 to 1865, whether he wore it in the ranks or in the medical profession — because I see no distinction between the patriotism

and the honor that belongs to the man that bore the gun and man that carried the lancet,—to see that the truth is told recollect that when we were upon the battle-field, next to commanding general no man got greater applause than the geon, and no man gave a greater feeling of relief than he. We are all getting so old that in a few years there will be none of us left to judge of the record that has been made, or make the record ourselves. I am a captain to-day of sixty men that I carried to the Nashville Reunion twelve months ago, since that time four noble old heroes have been buried and gone to receive their reward; and it will be but a few years before the last of that old Company will be laid to sleep "under the shade of the trees."

It is said that no conquered people ever wrote their history, but it is written by the conquerors. If that be so, we certainly ought to write our own history, because the Southern soldier has never yet been conquered. It is true that the South was overpowered by overwhelming numbers; it is also true that she had to succumb when the legions from the nations of earth were crowded around to conquer her; but if it had been left to the North alone, she never could have overwhelmed the South. If you will take the records, you will find that out of that population that is called the North, there was sixteen per cent. more men drawn from foreign nations and from our own States from the negro race than we had in the Confederate army, and yet they could not defeat us. If you will take the language of Abraham Lincoln himself, he says, "If you will disband the negroes fighting in the Federal army, and put them to work in the fields of the South, you will defeat the North."

The North has always had a little hate and spite toward the South. They had their jealousies during the Colonial period of our history, and it was by dint of great exertion, and by the influence of men of prominence, of wisdom, and of capacity that this Union was first formed. Who were those men? The principal movers of the organization of the government were the men from the South. Who was it that gave the independence to the Colonies from the Mother Country? They were led by a Southerner.

ern General. Who was it that wrote your declaration of independence? It was a Southern man. Who was it that interpreted your laws in the Supreme Court? It was a Southern man. Who was it that led this country in the acquisition of the State of Louisiana and all that Louisiana territory, that gave rise to the Exposition in St. Louis last year? That was a Southern man. Who was it that conquered the territory of Texas, and added that vast domain to our country? It was a Southern man, and it was accomplished by Southern valor and Southern heroism. Who was it that inaugurated and carried to a successful termination the second war with England? It was a Southern man, and it was fought by Southern men, when New England rebelled against this country — when she was trying to get up a Northeastern Confederacy of her own and separate herself, and did absolutely do so.

During this period they said the North fought for the freedom of the slave, and the South fought to retain slavery; but in all this period that I have spoken to you about there was no work connected with slavery at all. Moreover, at the very period when Louisiana was taken into this country, they said, "If you will take in Louisiana as a State, we will withdraw from the Union," at that very time the negro slave was in the bonds of slavery in the Northeastern States. They claim that they have a man that freed the slaves. Let us look at him. In 1787, when our constitution was made, the ordinance was passed allowing slavery to be extended; who was it that secured the eight years in that resolution? 1800 was the date fixed by the Constitutional license, but the Northern States asked for eight more years to carry on this traffic, and it was carried by the votes of Connecticut, Massachusetts, and Rhode Island.

When Ambassador Choate, the man who was supposed to represent the American Government under the one flag, went to England about three years ago, he went before the Philosophical Society of Edinborough, and what did he tell them about the slave trade? He told them that a Dutch ship landed a cargo of slaves at Jamestown, Virginia; that a few of them crept up toward the Eastern States. What is the truth of history?

The truth of history is that a Dutch ship did land at Jamestown and put off eleven negroes, that those negroes belonged to the Earl of Warwick, who had a plantation on an island in the West Indian ocean, and they were placed back upon the ship and carried back to their destination. Not one of them remained upon American soil.

Who was it that carried on the slave trade? And why did he, when he got before the English and Scotch people there in Great Britain, tell the truth, and say to old England " You, the people I am talking to, forced slavery upon the people of the United States"?

But, sir, this war was not brought on from that. There were two great differences between the people of the South and the people of the North. The people of the North were a commercial people. They were a people that moved to this country because they could not get along or live in peace anywhere else; they wanted the world, and all that it contained. They were absolutely greedy for everything in the shape of money. Why, when Jay was negotiating in regard to the closing of the Mississippi River, they threatened to withdraw from the Union if it could not be closed up for twenty years. During the war with Great Britain they offered a resolution to make a treaty with Old England, and exclude the balance of the country from that treaty—a perpetual treaty by which the South and the West were to be excluded.

But when it comes to slavery, I ask you who it was that offered the resolution by which the Northwest territory was to be forever a free territory? Wasn't it Thomas Jefferson, and wasn't it carried at that convention by the Southern voices? Yet the North will tell you that they are the people that did the great thing. I tell you, gentlemen, that the North was forced to abolish slavery, and the South was also forced to abolish slavery.

Dr. Seger: Mr. Chairman, I rise to a point of order. I think this subject "Bits of History" and these reminiscences ought to be simply experiences during the war. I think that

as physicians and surgeons this question is not appropriate, and should not be discussed.

Dr. Rowan: I do not think the point of order is well taken. Dr. Malone was invited here to address this Society or Association, and he was left to chose his own subject.

The President: If the Doctor had the right to select his own subject, I do not see how we can cut off his talk, although it may not be entirely germane to this occasion.

Dr. Malone: I thought, gentlemen and ladies, the one object of Confederates meeting together was to perpetuate the true history of our country and prove to the world that we were right. If we are to come here and have our mouths pinned together as they were in the days of reconstruction, and have our papers suppressed, our lives trampled upon by an inferior race, and not allowed to defend the very principles upon which we stand, then I say we are become a craven set, unworthy to wear the gray. You take Barnes' History of the United States, and you take many of these other histories, they tell you that Jefferson Davis was a traitor. They ransacked and exhausted the English language for epithets and calumny to place upon your head and my head and Jefferson Davis' head. I want to say to you that, reading the history of America from its first settlement in 1492 down to the present time, no man upon the stage of the history of this country stands higher as a model for young people to follow than Jefferson Davis. They tell you Abraham Lincoln was a gentleman of the first water. They tell you Abraham Lincoln was a Christian; that if Abraham Lincoln does not go to heaven, nobody else will. And they hold up Abraham as a model for this country to follow, and we even see Southern papers stating that Abraham Lincoln, George Washington, and Robert E. Lee are the three great men that the Southern youths ought to follow as models. Abraham Lincoln in the Congress of the United States declared the right of the South for secession. He said, "Any people anywhere, being dissatisfied with their former governments, and having the power, have the right to abolish that government and form a new one." He said, "I will go

even further. Any portion of a country has a right, not only to separate and form a government of their own, but they have a right to put down a minority right in their midst."

Every great man of the Republican party who has spoken on that subject has claimed the right of the States to secede. H. B. Wade, from Ohio, in the Halls of Congress was in favor of cession or dissolution from the Union. He said, "I would ask the Southern people to stay in a Union like this." Henry Ward Beecher said, "The trouble with this country is our constitution — the constitution is the thing that is in the way." Horace Greeley, in his paper, made fun of the flag and of the Union. And then when the war came on, they said that we were a pusillanimous people, a set of cowards, that could be whipped in thirty days. The Governor of Illinois, before the war commenced, said to the Eastern States to stand out of the way, that Illinois could whip the South in thirty days.

But were the Northern people in favor of this war? If they read their histories, histories written by Northern men,— and can we not say that they are prejudiced in favor of the South? Many of them were written by the very closest friends of Abraham Lincoln and of the Republican party, they tell you that Northern people, three fourths of them, were opposed to the war. They sent delegations down to Washington from various places asking that no war should be waged upon the South. But the great thing was to fool the people. Abraham Lincoln said, "You can fool some of the people all the time, and you can fool the people probably some of the time, but you can't fool all the people all the time." Well, he certainly did fool some of the people part of the time. The idea intended to be conveyed was that the United States Government did not propose to make war, that it would put the burden on the South, and say the first lick was struck by South Carolina. The Cabinet sitting in Washington when the war started agreed that any effort to re-enforce Fort Sumter was an act of war, and would be the beginning of war. So the war was not commenced by the South, but it was commenced by a coterie of three men, Medill, Seward, and Abraham Lincoln.

Now what was the estimation placed upon the South by Lincoln and his biographers? It was that they were pusillanimous, and wanted nothing but office. Lincoln said that if there were an office at the North Pole, the entire road from Virginia there would be covered with men seeking it. Lincoln's biographers tell us,—his lawyer is one of them, and his friends who loved him as they loved a brother,—they all tell us that his chief ambition was for office, place, and power. How was it with Jefferson Davis? When they were going to organize the Confederate Government at Montgomery, was he there seeking an office? History tells us he did not want to be president of the Confederate States, that he remained purposely away from there in order that he might not be made president and leader of the Confederate States. They say Jefferson Davis was the originator of dissension, and that he and his followers led the South into this war. Jefferson Davis was absolutely opposed to the war and was a Union man. He was opposed in his candidacy for the U. S. Senate in the State of Mississippi, running against another man who was an avowed secessionist, in order to keep the party from being defeated.

Another thing, the President of the United States offered a Brigadier Generalship to Jefferson Davis. He refused to accept it upon the ground that it was unconstitutional. Do you think Lincoln would have done that?

Let us take the history of reconstruction. Andrew Johnson sent Grant down South to spy out the country and see how the people were disposed. Our armies had surrendered. Civil law was all over this country. They sent Grant down here, and he came down and made this proposition (the country was in a state of need, but the people were anxious to resume their duties as citizens), that it was unnecessary to have a military force, only a nominal one, in the State. But in less than two years he divided this country into military districts, in which he issued the order that each military commander was to be the interpreter of the law.

Another thing, and that is with regard to the prisoners of war. They say that the Southern Confederacy starved and

killed sixty thousand Federal prisoners. Stanton's figures tell us that nine per cent. of the Northern prisoners died in Southern prisons, and twelve per cent. of our men died in their prisons.

Now, gentlemen, with this I leave the subject with you, and ask you to take some action that can place these facts of history and others that are easily claimed, in the hands of your children and your children's children. I ask you to examine your school books, and see that your children read histories that contain truth and nothing but the truth.

The President: Will you take any action upon the address of Dr. Malone?

A member: I move that a copy of the address be published in the *Southern Practitioner*.

This motion was duly seconded and carried.

The President: The next paper is "Military Surgery in 1861, and the Surgery of To-day," by Dr. Allen. Is Dr. Allen here?

Dr. Allen: *Mr. Chairman, Ladies and Gentlemen:* I regret very much for the first time in my life I am hoarse and my voice may not be heard very well. I might have got a little enthused yesterday and last night, but I did not do a great deal of cheering, and my enthusiasm was the same sort that animated me in April, 1861, when I enrolled as a Confederate soldier. I entered the Confederate service as a private, and was promoted to the position of surgeon, and I surrendered as chief surgeon of a Mississippi and East Louisiana brigade under the appointment of Dr. Yandell.

When we entered the army of Missouri, there were no books on surgery. Blackburn, of Cincinnati, had written a work upon Military Surgery; and Triplett, of the United States army, wrote a book. I had these two books, and I had the work of a distinguished Frenchman on Military Surgery. These, with Parrot's *Coast's Surgical Anatomy*, comprised my library, the only library I knew of in the Missouri command.

Now, you know there had been no war for a great while. The State of Missouri required a very rigid examination, particularly in anatomy, and we had a corps of surgeons that would be

honor to any State in the South. They were all educated men, proficient men, men of untiring energy and unflinching nerve. We found it out this way. As a matter of course, our knowledge of surgery was such that for the first year or two we were all timid. We dared not touch a knee-joint injury, and all our knee-joint injuries died. No such thing as trephining was known for the first year or so. The idea was, as we were taught, that a great many of these depressions of the bone, etc., would finally replace themselves, or rather, the brain would become adapted to the situation, and the man would have at least half a mind; whereas if we performed the operation he would practically have none — for they all died.

We had little resources. I had the only case of instruments in our division. I took with me one of those magnificent cases of surgical instruments made by Tieman. I have that case to-day, and its knives cannot be duplicated by any knife that has been made since 1865. That kind of steel has gone out of date with the commercialism of the North. With that case of instruments we did all our serious operations. We had no lamps, we had no kerosene; the majority of our operations were done at night by candle light. We sometimes made an improvised lamp by taking a bottle — we Missourians are largely descendants of Kentuckians — by taking a bottle, and filling it full of hog's lard, and by keeping it warm and sticking a wick into it we could use that as a lamp while we operated.

Now, then, we had no such thing as bandages supplied by the medical purveyors. All we had was, when we passed through some little store in south-western Missouri, we would get all the cotton cloth they had, and we would make our bandages. Our next crop of bandages came from the beds of the good people of the South, their sheets, and were made largely by that grand body of people who never knew enough of sacrifice or peril — the ladies of the South. Our charpie was not obtained from France — the ladies made our charpie.

Our Missouri surgeons were young men, and if you could put a black pair of mustaches on me, and a black head of hair, and put me back to weighing two hundred and eleven pounds,

you would have an idea of what handsome gentlemen they were [Laughter.] I was considered the ugliest man in the brigade. Now, as a matter of course, a part of our duty was to get acquainted with the ladies for the purpose of gathering up the supplies. And we took high pride in saying that the first and second Missouri brigades never retreated; they never left the battle-field, and they never started for a battery they did not get into. You can imagine, from the temper of these gentlemen, that when they started for the heart of a lady, they generally got it. I captured one from Mississippi. So the ladies were extremely kind to us, and we succeeded in getting an abundance of bandages.

We lost a great many cases, of course, for the want of nerve the first year. You see there was no experience in military surgery at that day, but we had our little meetings, and discussed these questions, and finally it was decided that we would trephine the first case that we had. The first case had was that of a distinguished lawyer down in Missouri. We trephined him, and he got well, and we kept it up, and we saved innumerable lives. We also went far enough, when the surroundings were good, to operate on the knee-joint — very timidly at first, I confess. Wisely, I reckon, for us, we did not attempt to wash out the knee-joint, and we still have respect for the adage you know, not to spill the secretion of the knee-joint.

Our antiseptic was water — the continuous use of water upon the wound. We did not use it from any intelligent standpoint, but from a false idea that if we kept the blood-vessels contracted inflammation could not follow, because the blood-vessels must dilate before you can have inflammation. Following out this idea, we used cold water. We improvised a number of contrivances to meet this. We had a concern on the siphon order, so that the water would continually keep dropping, and kept a man on duty who continually filled it up.

The next great bugbear was erysipelas in our hospital. We caught on to the idea of cleanliness. I think a good old lady that came to us one day was the one that suggested that idea to us. The old lady preached the gospel that next to godliness was cleanliness, and impressed it upon us so much that we began

to get cleanly, and we made that a very pronounced item in our treatment—a repeated changing of bandages, cutting out ulcerated stitches, etc. Now, just mark the penetrating mind of the medical man. We washed those wounds with about five to ten per cent. solution of creosote. You see we were pretty close on the track. And we had more than that—the moment erysipelas presented itself, we used a solid stick of nitrate of silver, or we used dilute nitric acid. We were right on the track, but we did not know why we were doing it. There was published at Richmond a medical journal, and we got some very valuable ideas from it.

I remember a distinguished gentleman—I don't know whether he lives now at Nashville or not—no nobler man ever lived than Dr. J. D. Wallis, who brought the journal one night in which was discussed the question of aseptic surgery. Now mark you, Pasteur and others were then experimenting without any results. Anderson had announced the fact that pus cells never passed through the lymphatic ducts. There were two ideas we got hold of on the outside, and these ideas were discussed at that meeting. We could argue by induction that there is no such thing as pus, *per se*, passing into the blood and producing septic trouble—pyemia, septicemia. At the close of the war in 1865, I read a long article published in a St. Louis medical journal on that very idea, the first one west of the Alleghany Mountains.

During the war Dr. Chisholm brought out a magnificent little work on military surgery. Dr. Chisholm in his early days had had an extensive experience in the Crimean War, and had come back to South Carolina with the first gun at Sumter. As soon as he had had time to look over the field a little bit, he prepared this book, and I think we received it in 1863. In this he distinctly announced the position that gangrene and erysipelas were not wholly dependent upon environment, but upon a low form of bacteria. Whether or not these bacteria were carriers of the disease or producers of the disease, he left open for debate, but that bacteria had much to do with developing this disease he affirmed. Now you see that we were then in the

field with the idea that has been so thoroughly developed in recent years, as to the cause and origin of disease — the germ theory.

Another idea that was prevalent about that time was the hermetic idea of hermetically sealing wounds. I shall never forget the first one I sealed. It was a great big, strapping Missourian, weighing one hundred and ninety pounds, and he had been shot with a minie ball through the thigh, missing the bone. I happened to be right by him when he was shot, with my bottle of collodion and my charpie. Who it was that made that charge I don't know, but I shall always be ready to raise my hand in admiration for the good woman that made it, and it has always been a question with me whether it was not the charpie that cured this man; but I used the charpie and collodion, and Captain Booker never had a pain, or ache, or fever.

Another thing that we had was this: You recollect the old English idea, practiced away back in the days of Charles I., where the first thing to be done for a wound was to draw a handkerchief through it, and clean it out. But that custom did not remain with us very long, for it was not a great while after the war began until there was not a Missourian that had a handkerchief, so there was no more chance to do that.

Now, on looking back I want to call your attention to the fact, that we were in the field with the idea of germ-preventing surgery, when Pasteur was making his experiments. We were in the field long before Koch and long before Lister, and the idea firmly implanted that the great thing to do was to prevent the germ. We called it all bacteria, under that general term. The original idea, I say, belongs to the surgeons of the Confederacy, for starting the ball in motion.

We did not have stretchers, but we had some mighty fine wagon-beds that we got from the Federals, and we made stretchers out of them.

We were without many comforts, but we had something that no other army ever had. We had not trained nurses — thank God for that — but we had nurses. We had the elegant, educated ladies of the South around us, the untiring, devoted, Christian women of the South as our nurses. Such nursing never

known. Never was there an instance of one of those nurses going to sleep and neglecting to give the medicine; never a hard word; always ready and always devoted to the principle of caring for the soldiers. Those were the nurses we had. And then we had great sympathy among our men, a degree of sympathy that cannot be duplicated again on earth. Before the ten or twelve thousand Missourians had crossed the Mississippi River, they were a band of brothers. It was only necessary to detail one of those men to nurse, and he discharged his duty.

I have given you my views, and some other time when I am with you I will take them up more in detail. I have not said half of the matter, but I cannot talk any longer to-day, and I will have to beg you to excuse me.

Dr. Keller: I move the Association tender the gentleman a vote of thanks for the very excellent talk he has given us.

This motion was duly seconded and carried.

Dr. Wingo, Carroll County, Tennessee: It was my fortune to have charge of the twenty-seventh Tennessee Regiment at the battle of Stone River. After we had held the field for three days and captured thirty-two pieces of cannon, it was concluded it was best to retreat to Shelbyville and leave Rosencranz to hold the battle-field. I was surgeon of the twenty-seventh Tennessee regiment. It was determined I should remain as a prisoner of war, and take care of our wounded in the hospital. There was one room where we had thirty-six men with erysipelas—the face all swollen up and the eyes closed. I was told if I could get any one to take my place, I might go, and I found Dr. Westbrook, of Mississippi, who swapped with me.

Upon getting to Shelbyville about eight o'clock at night, I received orders to repair immediately to Winchester, and open up a hospital and make it ready for the reception of one hundred and twenty-five sick, wounded, and disabled soldiers that had been following the wagon train. I took charge of the Methodist church, and did my cooking in the basement of the church. There was one man there who was a captain by the name of Johnson, he belonged to some Texas brigade. He was wounded by a grape shot which had struck his right leg, and when he straight-

ened out the leg, there was a space entirely clear where the skin and flesh had been taken off right to the bone, and he had not had any attention for three days and nights. I went at him and lifted him up and put him in the ambulance, and put him in the hospital in a bunk, and this wounded leg from the bone up got as red as ever I saw a case of erysipelas. I wanted to save this man's life. I would take quinine — just a teaspoonful of quinine — and mix it with tincture of iron, and make it like soup, and he would drink that. I gave him egg-nog punch to drink, and everything I could get to sustain the physical man. That man just shed the skin off that leg like a snake in the spring, and there was at least a pint to a quart of fluid discharged every day. I treated it with a solution of sugar of lead, and dressed it just as often as necessary, sometimes twice a day.

Dr. Keller: I do not like to interrupt, but there is a meeting of the Executive Committee when we adjourn at this time. There is a good deal for this committee to do, and there are other important engagements to be attended to afterward. We move that we adjourn until the hour appointed for the meeting this afternoon, so that this committee can meet and attend to this business at once.

This motion was duly seconded and carried, and the meeting adjourned until three o'clock p. m.

*(To be concluded in October number.)*

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## *Editorial.*

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### YELLOW FEVER AT NEW ORLEANS.

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THE country at large was more or less alarmed through the greater portion of July last at the appearance in the Crescent City of this dangerous visitor, after an absence of more than a quarter of a century. It is, of course, at first there was more or less of a panicky feeling in many points in the South that had suffered so direly in the past. This has now, to a great extent, subsided, and while at this writing (August 15) the spread of the disease cannot be said to be entirely under control, yet the indications most satisfactorily point that way, and we believe that we can safely predict that the worst is over.

The disease began in that portion of New Orleans known as the "French Quarter," or below Canal Street, and while but few cases have occurred in the upper and better part of the city, or at even distant points, they can or have all been traced as having been infected from this particular locality. At this date there have been in all 1,018 cases reported in New Orleans with only 166 deaths, and the cases that have occurred at other points have not been permitted to spread. Take the two cases that made their way to Shreveport, or the one at Montgomery, Ala.; a sufficient time has elapsed to have had other cases developed therefrom under the measures formerly in force, but in accordance with the views established by Dr. Reed and his associates in Cuba, now accepted as reliable and in every way satisfactory, by means of which the disease has been driven from Havana, we can almost with a certainty depend on the disease going no farther at those two localities unless there is additional infection.

The most encouraging point, in our view, is in the fact that a week ago, at the request of the municipal and sanitary authorities of New Orleans, the United States Government, through its Department of Public Health and Marine Hospital Service, was requested to take charge of the matter in that city. We say this with all respect to and acknowledgement of the efficiency and capability of the State and municipal health and sanitary officials. Dr. Souchon, of the State Board, and Dr. Kohnke, of the City Board of Health, are and have proven themselves in every way as energetic, earnest and efficient as like officials of any State or municipality in the land; but years ago we contended that State and local boards of health were not competent to cope with an invasion of so serious a character, and that the more powerful forces of the National Government were essential.

State and municipal boards of health have certain duties that they and only they can most satisfactorily perform, but there are other points, other duties, that can be best, if at all, controlled by the National Government. These views we enunciated years ago in the pages of this journal, and we are glad to see that the authorities at New Orleans, the medical profession there, and the citizens with a marked unanimity are acting on this line.

State sovereignty and State rights are well enough when they measure up to the requirements of the occasion; but when they fail to meet the requirements in the face of death and danger, as they have so often done in the past, the people will not be deterred by sentiment from accepting services that are effective. See the untimely and unseemly squabble between the Governors of Louisiana and Mississippi. Under Federal control of quarantine such would never have occurred, and the wretched "shot-gun" quarantine, that, as a rule, is far more harmful than effective, will have no place.

We have used the argument before, yet it is none the less valid. In

the event of foreign invasion, the National Government at once assumes control, and if need be, martial law takes the place of State enactments and municipal regulation. So, in an invasion of a most deadly and destructive foe, death dealing to our citizens and most destructive to commercial and business enterprise, even though it be wafted on the monious hum of a mosquito's wing, let the strong arm of the National Government be put forth for its control. What has been done in the "Queen of the Antilles" can be done in our famed "Crescent City," throughout all our broad, beautiful and magnificent Southland, and the argument is added in favor of national control of quarantine, in that the South will be the greatest beneficiary.

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#### INTERNATIONAL MEDICAL CONGRESS.

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THE next meeting will be held in Lisbon, April 19-26, 1906. It is expected that it will be one of unusual importance for a meeting of this kind will be held in what has always been considered as an out-of-the-way country. Already the titles of papers from some of the most distinguished men of the medical profession have been received. Some of the topics for discussion that have been selected by the Executive Committee are the following:

*Section of Descriptive and Comparative Anatomy, Anthropology, Embryology and Histology.*—"Definition, Structure, and Composition of the Nucleoplasm;" "Origin, Nature, and Classification of Pigments;" "Changes in Normal Tissues;" "Evolution and Involution of the Thyroid Gland."

*Section of Physiology.*—"The Role of Leucocytes in Nutrition;" "Thyroid Secretion;" "Renal Permeability;" "The Nutritive Value of Alcohol;" "The Physiology of the Cytotoxins;" "The Blood Fermentation."

*Section of General Pathology, Bacteriology, and Pathological Anatomy.*—"What Are the Present Scientific Proofs of the Parasitic Nature of Neoplasms, Especially of Cancer?" "Preventive Inoculations against Arterial Diseases;" "Preventive Inoculations against Protozoic Diseases;" "Preventive Inoculations against Diseases from an Unknown Agent;" "The Pancreas and Fat Necrosis."

*Therapeutics and Pharmacology.*—"Local Therapeutics in Infectious Diseases;" "Separation, from a Physiological and Therapeutic Point of View, of the Different Radiations Produced in Crooke's Tubes and those which are sent out by Radioactive Bodies;" "The Therapeutic Action of Bactericidal Serums;" "The Relation between the Molecular Constitution of Organic Bodies and their Physiological and Therapeutic Action."

*Section of Medicine.*—"The Pathogenesis of Diabetes;" "The Pathogenesis of Arterial Hypertension;" "The Treatment of Cirrhosis of the Liver."

Liver;" "Cerebrospinal Meningitis;" "International Defense against Tuberculosis;" "Meningeal Hemorrhages."

*Section of Pediatrics.*—"Spastic Affections of Infancy; Classification and Pathogenesis;" "Cerebrospinal Meningitis, Etiology and Treatment;" "The Social Struggle Against Rickets;" "Orthopedic Surgery in Affections of Nervous Origin, Spastic and Paralytic;" "Congenital Dislocation of the Hip;" "The Treatment of Abdominal Tuberculosis (peritoneal)."

*Neurology, Psychiatry, and Criminal Anthropology.*—"Penal Reform from the Anthropologic and Psychiatric Point of View;" "Forms and Pathogenesis of Dementia Praecox;" "The Relations of Progressive Muscular Atrophy to Charcot's Disease;" "Cerebral Localization in Mental Disease;" "Education and Crime;" "Stigmata of Degeneration and Crime."

*Section of Surgery.*—"Septic Peritoneal Infections; Classification and Treatment;" "Gastro-intestinal and Intestino-intestinal Anastomoses;" "Recent Additions to Arterial and Venous Surgery."

*Section of Medicine and Surgery of the Urinary Organs.*—"Surgical Intervention in Bright's Disease;" "Surgical Treatment of Prostato-Vesical Tuberculosis;" "Progress of Urology in the Diagnosis of Renal Disease;" "Painful Cystides."

*Section of Ophthalmology.*—"Blepharoplasty;" "Serotherapy in Ophthalmology."

*Section of Laryngology, Rhinology, Otology, and Stomatolgy.*—"Study of the Opileptogenous Action of Foreign Bodies in the Ear and of Vegetations in the Naso-pharynx;" "The Different Forms of Suppuration of the Maxillary Sinus;" "Injections of Paraffin in Rhinology;" "Differential Diagnosis of Tubercular, Syphilitic, and Cancerous Lesions of the Larynx;" "Choice of Anesthesia in the Extraction of Teeth;" "Treatment of Alveolar Suppuration."

*Section of Obstetrics and Gynecology.*—"Conservative Surgery of the Ovaries;" "Tuberculosis of the Adnexa;" "Symphiotomy;" "Pregnancy and Cancer of the Uterus;" "Therapy of Puerperal Infections."

*Section of Hygiene and Epidemiology.*—"The Intermediary of Yellow Fever;" "The Co-operation of Nations to Prevent the Importation of Yellow Fever and the Pest;" "Watering the Streets as a Means against Tuberculosis;" "Recent Additions to the Etiology and Epidemiology of Epidemic Cerebrospinal Meningitis."

*Section of Military Medicine.*—"Portable Ration of the Soldier during Campaign;" "The Purifying of the Country Manor;" "Emergency Hospitals on the Battlefield."

*Section of Legal Medicine.*—"Signs of Death from Drowning;" "Ecchymoses in Legal Medicine;" "Epilepsy in Legal Medicine;" "Organization of Medico-legal services."

*Section of Colonial and Naval Medicine.*—“Etiology and Prophylaxis of Beri-beri;” “Etiology and Prophylaxis of Dysentery in Hot Countries;” “Mental Diseases in Tropical Countries;” “Hospital Ships and their Function in Time of War;” “Tuberculosis in the Navy and its Prophylaxis.”

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A RECOGNIZED AUTHORITY OF THERAPEUTICS makes the following statement:

“In treating acute and chronic rheumatism I regard the patient much the same light as the surgeon does an infected cavity, the most important necessity being drainage in both instances. Whether the drainage is for the purpose of eliminating a germ or its toxic product, or of the toxic product of a faulty metabolism, the economy demands an elimination of the detrimental substance before results from medication may be expected.

“We should then institute a system of drainage especially from the kidneys and bowels.”

Tongaline is constructed on exactly these principles, since in addition to the anodyne and sedative properties of the tonga and cimicifuga, the anti-rheumatic and diuretic properties of salicylic acid made from the natural oil of wintergreen, there is the cathartic action of the colchicine and the diaphoretic action of the pilocarpin.

Hence in Tongaline we have the *ideal eliminant*, and no remedial agent will enable you to correct more promptly and thoroughly rheumatism, neuralgia, grip, gout, headaches, sciatica, and lumbago.

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**TREATMENT OF GENITO-URINARY TROUBLES.**—Cystitis being the most frequent of the chronic inflammations of the urinary tract, we may take this as an example for consideration. My experience with hundreds of cases taught me to always examine the urine closely. From a therapeutic standpoint, we are not interested so much as to just where the irritation is located as we are in what will cure the patient. In these cases I prescribed cystogen, which has a direct action upon the mucous membrane of the genito-urinary tract. Formaldehyde is liberated in the urine and the whole tract from the glomerulus of the kidney to the meatus is bathed with a solution of formaldehyde, thus preventing the formation of pus, allaying irritation, and overcoming decomposition. Cystogen aperient was prescribed in many cases. This is an effervescent salt of carbonic acid, containing phosphate of soda, and its administration was followed with marked improvement in all cases. Cystogen aperient should be prescribed when a laxative is desired in connection with the therapeutic effect of the drug.—*Brose S. Horn, M. D., in Charlotte Medical Journal.*

**THE TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE.**—The Executive Committee of the Tri-State Medical Society has selected Tuesday, Wednesday and Thursday, September 26, 27 and 28, as the dates for the seventeenth annual meeting at Chattanooga. A rate of one fare for the round trip has been secured on account of the fall meeting of the Chattanooga Fair Association, which organization will have a horse show and many other attractions from September 26 to 30. Those desiring to read papers should send letter to the Secretary, Dr. Raymond Wallace, Chattanooga. The President has appointed the following chairmen of committees: Arrangements, W. L. Nolen, Chattanooga; Sociology, R. R. Kime, Atlanta; Credentials, B. S. Wert, Chattanooga.

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**AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.**—This Association will hold its eighteenth annual meeting at the Hotel Astor, Longacre Square, New York, Tuesday, Wednesday and Thursday, September 19, 20 and 21, 1905.

Dr. Robert T. Morris, 616 Madison Avenue, Chairman; Dr. Samuel W. Bandler, 229 West Ninety-seventh Street, and Dr. James N. West, 71 West Forty-ninth Street, constitute the local committee of arrangements, one or all of whom will gladly furnish information to members and guests upon application.

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**PONCA COMPOUND** will prove an invaluable agent in the treatment of functional, uterine, and ovarian disorders.

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**NOTICE:** Armour and Company announce their readiness to furnish the parathyroid substance in powdered form, in one drachm vials, at \$1.50 per drachm.

The parathyroid glands are very small, and so hard to get out that the material can be supplied only in very small quantities.

The parathyroid substance has been suggested in the treatment of paralysis agitans, exophthalmic goiter, etc.

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**DR. T. D. CROTHERS**, of Hartford, Conn., Superintendent of Walnut Lodge Hospital, and editor of the *Journal of Inebriety*, has accepted an invitation to deliver the first oration in the Norman Kerr Memorial Lectureship, at London, England, October 10, 1905. Dr. Kerr will be remembered as an eminent London physician who made a special study of inebriety, alcoholism, and other drug disorders. He wrote several excellent books on this subject, and was instrumental in securing the enactment of laws for the control of inebriates, and the promotion of hospitals for their care, throughout Great Britain. He founded the British Society for the Study of Inebriety in 1884, and this society and his friends

have organized a memorial lectureship for yearly orations on his life and work. It is a very pleasant recognition of the progress of medical science in this country, that an American physician should be invited to deliver the first lecture.

DR. Q. CINCINNATUS SMITH, for many years an active practitioner at Austin, Tex., an occasional most welcome contributor to this journal, has recently moved to San Diego, Cal. We wish him and his wife the most unalloyed happiness and continued prosperity in their new home. To the citizens of San Diego and of the Pacific Slope we can most heartily commend them.

**RELIEF IN NEURALGIA AND GIRDLE PAINS.**—The efficiency of antikamnia tablets in neuralgia is beyond dispute, and is well illustrated by the following case. An old nurse who had suffered from severe neuralgia intervals for many years, and whose hair had become gray on one side of her head from this cause expressed herself as having gained more relief from antikamnia tablets than from all of the many medicines which had been prescribed for her. For pain about the head from almost any cause, antikamnia tablets always have undoubted preference over all other coal-tar preparations. They are a useful adjuvant in the treatment of migraine, and the headaches of school children promptly yield to moderate doses.

In cases of organic spinal disease they proved of considerable value. A woman of fifty-two, with transverse myelitis (complete paraplegia) found them reliable for controlling the very annoying girdle pain. Two or three doses of one tablet each, within twenty-four hours, were sufficient to make the pain endurable. In another case, where there was a girdle sensation connected with its earlier history, and numbness and parästhesia of the lower extremities existed, one antikamnia tablet was given three times a day along with a regular potassium iodide treatment. The observation of this case has extended over eighteen months, and no time has the progress been so satisfactory as during the last six weeks in which she has taken antikamnia tablets regularly.

**FAR BETTER THAN OPIUM OR MORPHIA.**—N. B. Shade, M. D., late editor *North American Medical Review*, Washington, D. C., says, in the *Medical Examiner and Practitioner*:

"Papine is derived from the concrete juice of the unripe capsules of *Papaver somniferum*, U. S. Pharmacopœia. Physicians who have tested the virtue of papine in their practice have given evidence that it contains all the medicinal value of opium, with all its bad qualities eliminated. Papine has none of the bad after effects of opium, morphia, laudanum,

paregoric, etc. I positively declare and insist that the physician who once gives papine a trial cannot be persuaded to deprive his patients of the great benefit of this agency to relieve pain, an implement of precision which is perfectly harmless to the patient."

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STEGOMYIA FASCIATA has produced an epidemic of yellow fever in certain sections of Louisiana and adjoining states.

Stegomyia punctata has inoculated thousands with virulent malarial germs throughout the balance of the Mississippi Valley.

Tongaline, Mellier, in one of its forms as indicated, antagonizes and destroys the effects of these parasites on account of its extraordinary eliminative action on the liver, the bowels, the kidneys, and the pores, whereby the poison is promptly and thoroughly expelled.

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COLLARGOLUM IN URETHRITIS.—Since publishing a note on the use of Collargolum for urethrovesical lavage, Dr. Tansard, of Prof. Balzer's service at Hospital St. Louis, in Paris, has successfully employed it in numerous cases. Thus by means of two daily auto-irrigations with a quart of a 1:500 Collargolum solution, a urethritis that had persisted for several months was cured in ten days. There was never the least irritation.

In old and chronic urethritis with profound lesions of the mucosa and periurethral cysts, the following method gave excellent results: Massage on a Benique, 55 or 60 sound; urethral lavage with antiseptic solution; and finally a permanent injection of 30 to 45 minimis of a 4 per cent. Collargolum solution, the urethra being closed with cotton. This did especially good service in a case of over two years' standing, which resisted all other treatment. Four cases were all cured within eighteen days. In three others he alternated, with good result, Collargolum irrigations with oxycyanide of mercury lavage.

Tansard further treated acute gonorrhreas with oxycyanide of mercury until the discharge had nearly dried up, and then gave Collargolum instillation, the filaments disappearing from the urine after five to eight of them. Ten cases of chronic urethritis, some more than three years old, did not remain under observation until cured; but in all the gonococcus disappeared after less than thirty instillations, though there were still filaments in the morning urine.

In six gonorrhreal cystites about 1 dram of a 4 per cent. solution was injected daily into the bladder. In five every vesical symptom disappeared within eight days; the sixth, which was very violent, remained unimproved after ten days, and was put on silver nitrate, which acted no better.

Tansard concludes that Collargolum is an important anti-gonorrhealic, both in acute and chronic cases. It acts as rapidly as the silver salts.

The urethra and bladder show a remarkable tolerance for it; the patient suffers no pain and has no desire to urinate after its use. Collargolou is not at all caustic; it is the silver itself that combats and destroys the gonococcus in the urethra and bladder.—*Abstracted from the Journal des Praticiens, May 20, 1905.*

**ETHICS IN PROPRIETARY MEDICINES.**—A well-known medical writer, the *New York Medical Journal*, has recently called the attention of his confreres to a difference in proprietary medicines. He has corralled off the sheep from the goats in a generic way, so that even the skeptic may specifically recognize the good from the bad in things proprietary. Some who may have before presumed that no good could come of anything not formulated by themselves, will no doubt be surprised to learn from this ethical physician, speaking to ethical practitioners, that "with firmness of standing the best drugs are used, the published formulas reliable, and the methods of compounding beyond criticism or reproach. Further, it is for us solely to determine clinically with the use of their products suitable cases, what effects we obtain." Happily, Vin Mariani has been so long before the medical profession that it is known and recommended the wide world over for just what it is represented—a combination Erythroxylon Coca with a sound-bodied nutrient French wine. It is an extemporaneous compound about which there is possible for doubt as to whether it may or may not prove palatable, or efficacious. It does not emanate from any uncertain source, it presents no vague probabilities, a problematical cure-all. Conversely, it is a definite preparation which during nearly half a century, has been guarded and conservatively introduced to medical men by a skilled pharmacist, who has made this special his life's work, and has jealously maintained his preparation and his representations with the honor and glory that surrounds any good name. Vive la Coca Mariani!—*Coca Leaf, November, 1904.*

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## Reviews and Book Notices.

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**A TEXT-BOOK ON THE PRACTICE OF MEDICINE FOR STUDENTS AND PRACTITIONERS.**—By JAMES MACGOFFIN FRENCH, M. D., formerly Lecturer on the Throat and Practice of Medicine, Medical College of Ohio. Second edition, revised, illustrated by eleven full-page plates and fifty wood engravings, 780 pp., cloth. Price, \$4.00. Wm. Wood & Co., Publishers, New York, 1905.

Only a short while ago we justly had occasion to commend this new work on "Practice for Students and Practitioners" in high

est terms. What we said then we can now but emphasize. The revision has been limited to such changes as were essential to completeness and accuracy, or promotive of the highest usefulness of the book. Few of the original statements had to be modified, but quite a number of additions had to be made to bring the subject-matter fully up to date. Additions have been made as brief as possible, and no attempt has been made to record all the theories advanced in literature, but only those that are generally accepted or the truth of which has been established by valid authority.

In the acute infectious diseases, several chapters have been re-arranged so as to place all these affections in one group, in accordance with the clinical order in which they are best studied. We find a short chapter on Paratyphoid fever not in the original, the chapter on Ankylostomiasis has been rewritten, and new methods have been referred to as their importance seemed to justify. The size of the book is unchanged.

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INTERNATIONAL CLINICS, a quarterly of illustrated lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Dermatology, Ophthalmology, Otology, etc., by leading members of the medical profession throughout the world. Edited By A. O. J. KELLY, A. M., M D., of Philadelphia. 8vo cloth, Vol. II., 15th Series. Price, \$2.00. Philadelphia and London: J. B. Lippincott Co., Publishers.

This is one of the best volumes of International Clinics yet issued and the physician cannot get a larger return for his money than in this particular number. The following are some of the practical reasons why it is the best work published for the money: "The International Clinics" contains something of interest to every physician, being the most practical, economical and best illustrated work of its kind ever offered to the profession.

The editorial staff includes medical authorities of the widest reputation, with duties that are actual and not honorary, and is one of the strongest associated with any medico-literary enterprise.

The cream of practical medicine and the most recent opinions

thereon, as illustrated by the bedside teachings of the best clinicians of both continents, is shown through the medium of concise lectures by the ablest teachers of the leading medical colleges.

Practical articles, short and crisp, upon subjects with which the physician has to deal in his every-day work, treating the common diseases and embracing the latest views as to diagnosis, therapeutics and treatment, are given in large number.

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A MANUAL AND ATLAS OF ORTHOPEDIC SURGERY. By DR. JAMES K.  
YOUNG, Professor of Orthopedic Surgery, Philadelphia Polyclinic, etc.  
Now in process of publication by Messrs. P. Blakiston's Son & Co.

From advance sheets showing several pages of the text and a number of the illustrations it will be a very handsome and valuable addition to the medical and surgical literature of current times, in which it is destined to occupy a very important place. It is to be a quarto in size, of about 900 pages and will contain upwards of 800 illustrations. A definite price for the complete work has not yet been fixed, but all advance orders received will be filled by the publishers as soon as the book is ready, at \$10 for cloth binding and \$12 for half morocco binding.

Address all communications to P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa.

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THE PSYCHIC TREATMENT OF NERVOUS DISORDERS. By DR. PAUL DUBOIS, Professor of Neuropathology, University of Berne. Illustrated by SMITH ELY JELLIFFE, M.D., Ph.D., and WILLIAM A. WHITE, M.D. 8vo cloth, 471 pp. Price, \$3.00 net. 1905. New York. Funk and Wagnalls Co., Publishers, 44-46 E. Twenty-third St.

This work gives the experience and principles of psychic treatment of nervous disorders, based upon twenty years of successful specialization and practice in this branch of medical skill. The work of the author is both that of psychologist and physician. Besides many psychological considerations the author provides full descriptions of the methods used in his practice of psychotherapy. Psychic disorders require psychic treatment, and many distressing nervous diseases, both dangerous and taxing, as

well to the patient as to the physician, are purely and primarily psychic; and it is these subjects that are so ably and satisfactorily considered by Professor Dubois. The work comprises the subject matter of the lectures given to the Faculty of Medicine of the University of Berne, and our people are under obligations to Drs. Jelliffe and White for their very excellent translation and editing of the valuable matter of Dr. Dubois.

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HALL'S PHYSIOLOGY. A Text-Book of Physiology, Normal and Pathological. For Students and Practitioners of Medicine. By WINFIELD S. HALL, Ph.D., M.D. (Leipzig), Professor of Physiology, Northwestern University Medical School, Chicago; Member of the American Physiological Society; Member of American Association for the Advancement of Science, etc. New (2d) Edition, revised and enlarged. In one 8vo volume of 795 pp., with 339 engravings and three full-colored plates. Cloth, \$4.00, net. 1905. Philadelphia and New York: Lea Brothers & Co., Publishers.

It is rare that an author gives evidence of being the most critical student of his own book. Dr. Hall has exhibited this power of detachment, and has put himself in the place of his various classes of readers, namely, teachers, students, and last, but by no means, least, physicians. Accordingly, he has greatly simplified his whole presentation of his subject, while of course revising it to date. A new departure which should appeal to the physician (and equally also to the teacher and student) is the increased attention given to the application of physiology to clinical medicine. The volume is now one which the student will carry into practice and also one which the physician will buy when he wishes to post himself on the physiology of disease as well as of health. To quote from the preface:

The most notable additions to the work are the sub-chapters on Pathologic Physiology. It is becoming apparent to medical educators that to master normal physiology alone without applying its laws to the symptomatology of disease is to miss a large part of the service which physiology should render, just as the mastery of structural or morphologic pathology without an understanding of the modification which structural changes induce in the functions, implies the loss of a large part of the advantage which the study of pathology should give to the student and

practitioner of medicine. The author has attempted to cover this most important field.

The revision and improvements have required an increase of one hundred and thirty pages, but the previous very moderate price, four dollars, has been maintained. The work is handsomely illustrated.

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OPHTHALMIC NEURO-MYOLOGY. A study of the normal and abnormal actions of the Ocular Muscles from the brain side of the question. By G. C. SAVAGE, M. D., Professor of Ophthalmology in the Medical Department of Vanderbilt University; author of "New Truths in Ophthalmology" and "Ophthalmic Myology;" Ex-President of Nashville Academy of Medicine; Ex-President of Tennessee State Medical Association, etc. 8vo, 221 pp., with 39 full page plates and 12 illustrations. Published by the author, 137 Eighth Avenue, North, Nashville, Tenn., 1905.

This work is intended to illustrate, first, the single and associated action, both normal and abnormal, of the ocular muscles; second, to furnish schematically an arrangement of the nerve centers, both cortical and basilar, which might explain these actions. The work, therefore, as its name indicates, may be viewed from two standpoints: first, ophthalmic myology; second, ophthalmic neurology.

In ocular rotations the author places the center of motion at the center of the eye, thus differing with the teaching of Donder who places the center of motion from 1.77 mm. to 2.17 mm. behind the center of the eye, the exact difference varying, and depending upon the refraction, being further back in hyperopia than in emmetropia or myopia.

Much of the work is devoted to a detailed account of the methods of measuring the strength of the several extra-ocular muscles, together with the different varieties and amounts of muscle imbalance. It is here that Dr. Savage is at his best, and while, for reasons of brevity, some well known and valuable tests for heterophoria are omitted, yet this feature of the work compares favorably with the author's best contributions to ophthalmic literature.

The portion of the work devoted to neurology is largely

theoretical. To each voluntary action of a rectus or oblique muscle, whether single or associated, the author assigns a separate cortical center; and the number of such cortical volitional centers is limited only by the number of such single or associated actions. In addition, there is a basal center for each ocular muscle, which basal center is, however, normally at rest, and is only a relay depot for the storage of reserve nerve force which may be called for, under certain conditions of imbalance, to stimulate a muscle to extra action to prevent diplopia. This arrangement of nerve centers, the author explains, is only schematic, and its evident intention is to render easier a subject heretofore somewhat obscure.

The work shows much study and a careful digestion of the known facts about ocular muscles, bringing the whole subject of heterophoria up to the most recent advances, to which advances the author has himself so liberally contributed. The style throughout is clear and direct, a feature that adds much to the value of the book. Altogether, it may fairly claim to be one of the best, as it is one of the most recent, contributions to the subject of the ocular muscles.

HILLIARD WOOD.

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**PHYSICAL DIAGNOSIS.** By RICHARD C. CABOT, M. D., Instructor in Medicine in Harvard University. Third edition; 8vo., cloth, 577 pp., with five plates and 240 figures in the text. 1905. New York: Wm. Wood & Co., Publishers.

This excellent work presents an account of the diagnostic methods and processes needed by competent practitioners of the present day. It differs from other books on the subject in that it makes no attempt to describe technical processes with which the author has no personal familiarity, and gives no space to the description of tests which he believes to be useless. The fault with many books for the student is in trying to cover too much ground, thus overburdening the mind; he needs only that kind of information that will be of material service. The author in his preface has the following:

"In the endeavor to further break down the false distinction between clinical diagnosis and laboratory diagnosis, I have de-

scribed all the methods of getting at an organ—*e. g.*, the kidney—in a single section. Palpation, thermometry, urinalysis, are different processes by which we may gather information about the kidney. The student should be accustomed to think of them and practice them in close sequence.

"For the same reasons the most important methods of investigating the stomach have been grouped together without any distinction of 'clinical' or 'laboratory' procedure.

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THE NATIONAL STANDARD DISPENSATORY. By HARE, CASPARI AND RUSBY. Lea Brothers & Co., Publishers, Philadelphia. Will be ready for sale September 1, the date when the new U. S. Pharmacopoeia goes into effect. By authority of the Convention it will contain every article in the new U. S. P., as well as the explanations and instructions necessary to understand and apply the brief statements to which the official guide is restricted.

"The National Standard Dispensatory" is a new work, a distinct improvement upon anything of the kind hitherto published. Its authors, Dr. H. A. Hare, of Philadelphia; Prof. Charles Caspary, Jr., of Baltimore; and Prof. H. H. Rusby, of New York, are all men of the highest eminence in their respective fields, and are all members of the Revision Committee of the U. S. P. They have carefully matured its plan so as to render maximum service to both professions it interests, namely, Pharmacy and Medicine. It not only covers the new U. S. P., as aforesaid (and the chief foreign pharmacopoeias as well), but the scarcely less important domain of the unofficial drugs and preparations so largely used. It offers full information regarding the pharmacognosy, the pharmacy and the medical action and uses of all substances used in pharmacy and medicine at the present day. Pharmaceutical methods and products are covered, with descriptions of the most approved apparatus and tests.

Dr. Hare has again justified his reputation for knowing what is wanted by giving a compact and direct presentation of modern therapeutics in the section dealing with that subject in the case of each drug. The Appendix contains useful tables, formulas etc., for practical work. There are two indexes, the general cov-

ering all the names in the text, and so affording a guide to the drugs of the entire globe, and the therapeutic index, where, under each disease, are given all the drugs used in its treatment, with reference to the page where the conditions indicating a choice are found.

The work of the maximum utility is alone in the field.

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**CUNNINGHAM'S ANATOMY.**—Messrs. William Wood & Company are pleased to announce a forthcoming new edition of Cunningham's Text-Book of Anatomy. During the two years of this book's existence, it has sprung into universal favor, and is now the standard text-book in a majority of the prominent medical schools of this country.

Cunningham's Anatomy is the most recent text-book on the subject, and from opinions given by the leading teachers in America, is undoubtedly the best work in the field. That this fact is realized is shown by the strenuous efforts which are being put forth by publishers of competing books, not only in revising their text-books, but in the revision, striving, so far as possible, to imitate the arrangement and style of Cunningham.

Cunningham is unique in that it is a text-book of anatomy *written by anatomists*. The illustrations are new and original, having been drawn and engraved especially for the book. Their execution is beautiful, and being genuine hand engravings upon wood, they possess the artistic charms and graphic quality that no mechanical process can give. Many of them are in colors, in some cases five or six printings having been employed. In the second edition a large number of colored illustrations have been added and new drawings showing the insertions of the muscles.

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WE HAVE YET to hear of a single case where Scott's Emulsion has caused any disarrangement of the digestive tract in a summer patient. Its use is productive of only the best results, summer or winter.

## *Selections.*

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SOME NEGLECTED SYMPTOMS OF NON-SURGICAL GYNECOLOGY.—It is but a lack of inquisitiveness on the part of the general practitioner that has brought about a condition of things in gynecological practice that warrants the assertion so often reiterated in current surgical literature, "Modern gynecology belongs, practically, to the field of operative surgery."

The successful physician, with a characteristic personality of inquisitiveness, can boldly refute such assertions, and substantiate his refutation by the thankfulness of a happy clientele of women kind released from a thraldom of suffering by his inquisitiveness.

Disease of the female organs of generation are more common than any but a physician can suppose, and surgical gynecology has become a necessity from an early neglect of backaches, spine aches, and headaches, followed by irregular, scanty, painful, delayed, or suppressed menstruation during girlhood. The inquisitive physician rushes not into instrumental interference, nor sends such patients to certain specialists for officious mutilation, but fires a volley of seek-farther questions at the patient, which elicit the information that such patient passed her days of approaching puberty in an overcrowded public school, or, worse, in a jail-like boarding school for young ladies, adding fuel to the fire of antagonism between brain and indigestible foods, the body growth lags behind, leaving the imprint of the unequal struggle on the reproductive organs.

With poorly established sexual functions and a perfect disregard for menstrual work, the undeveloped woman leaves school to plunge into a vortex of social dissipation, followed later by an assumption of wifely duties and responsibilities toward a husband who has seen only her bewitching face and not her frame.

It is hard to fathom the reason why so many such wives at first tolerate marriage obligations and later resent and loathe them when the poor, broken-down sexual system refuses longer

to continue functions for which it was made, but carelessly unfitted.

Is not such a condition a cause for dread of maternity on the part of the woman which often leads to criminal abortion, with all its attendant sequences?

To the inquisitiveness of the successful physician must be added a power of positiveness, wherein he may teach both the husband and the wife something they should know before their carelessness brings about these later conditions which require the necessity of mutilation.

The woman suffering from continued nervousness, weariness, wakefulness, headache, and backache, needs the services of a physician, and not a surgeon. Likewise such symptoms as scanty, painful, delayed, and suppressed menstruation should be under the care of a physician, and not an over-zealous surgeon. Pro-lapsus, leucorrhea, ulcerations, chronic inflammations, congestions, and enlargements are purely the outcome of neglect of just such symptoms as named. The first-named symptoms are but the assertions of nature that she is tired of the unequal load, and if not relieved she will resist no longer, come what will.

A judicious investigation of seemingly insignificant details and close application to the technique of examination in the early stages of such cases will reveal constipation, congested mucous lining of the vagina, and irritable bladder, with diffuse hyperemia of all pelvic structures and loss of organic or respiratory rhythm; that subtle thrill which extends over the whole body synchronous with the beating of the heart and motion of the lungs, plainly perceptible to the trained eye looking upon healthy pelvic viscera. Quick must be the relief of this engorgement, with its pernicious nutrition of the parts and concomitant accumulation of excrementitious matter.

First and foremost in the treatment of this condition comes the remedy of absolute rest to the parts, and then, but no less important, is the removal of improper dress and the re-establishment of abdominal breathing to restore proper circulation in the pelvic viscera. Treatment for the removal of constipation is self-suggestive; rest we can enjoin upon our patient, and abdomi-

nal breathing we may advise; but all animal cells, whether single or united in tissues or in organs, consume a certain amount of matter, and those chemical changes by which material brought to the tissues and organs by the blood and transformed into other products through the activity of the living cells with generation of life energy, must be maintained by a continued intelligent thrill or respiratory rhythm and a constant supply of chemical products. This same chemical agent must not induce a destructive blood metamorphosis, but supply food for the debilitated vitality. For such action we must seek some combination of old and well-tried remedies of ergot and apium, with acceptable hemagogues.

The questionable action heretofore exhibited by various preparations of such remedies has been due, as clinically proved, to the component resinous compounds of the apium in the combination. In Ergoapiol (Smith) the active principles of apium have been isolated and with ergot made to form an acceptable agreeable compound with invigorating hemagogues, promising of unquestionable benefit in such conditions as mentioned in this article.

When the general practitioner awakens to his responsibility we will have less of these conditions, a continuation of which invariably produces a capillary varicosis, with its train of manifested more frequently by copious and disagreeable charges called leucorrhœa. But even as late as in this named condition the physician will learn that Ergoapiol (Smith) judiciously, consistently, and determinedly administered, will prevent much needless mutilation by effecting a cure.

Pre-emption of space for case reports on this subject would scarcely be justifiable, when each reader may cluster the facts herein stated around well-known principles and evolve therefrom a rational solution of treatment for diseases involving the female genitalia.—*Jno. A. Hale, M. D., in Medical Herald.*

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FORMALIN FOR INOPERABLE CANCER.—Seneca Powell recommends the treatment of inoperable cancer of soaking gauze in a 2-per-cent. formalin solution, and laying it on the tumor and

ering with jaconet and cotton wool. By changing the dressing every six hours the discharge and fetor ceases, and the further progress is an aseptic one. The tumor loses its elasticity, and becomes friable and insensitive. Separation is accomplished without pain, though it is necessary to snip the fibrous bands passing into the deeper tissue. — *Courier of Medicine.*

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**HOT WATER IRRIGATION TREATMENT FOR THE RADICAL CURE OF HYDROCELE.**— Griffith considers that the irrigation treatment produces most gratifying curative results, and eliminates the elements of danger to the patient, which accompany cutting operations and injections. His method of diagnosis is to press a metal cylinder, two inches in diameter and about nine inches long, against the scrotum; the contents of the cyst look translucent if the case is hydrocele, unless the fluid contents are blood-stained.

The instrument recommended by Griffith for injecting hot water consists of two canulas fitted upon a single trocar, an eye being added to the upper canula for the securing of prompter drainage of the sac. The side selected for puncture is cocaineized by a four per cent. cocaine hydrochlorate solution and the trocar inserted as for ordinary puncture. When the trocar has entered the cavity, a site free from vein markings is selected on the opposite side of the sac and the end of the trocar carried through it until it emerges from the skin. Before withdrawing the trocar, the upper canula is connected with the tube (fitted with a pinch-cock) of a two-quart fountain syringe suspended three or four feet above the patient's pelvis, and filled with water as hot as can be borne ( $120^{\circ}$  to  $160^{\circ}$  F.). The two canulas now being in position, the one above attached to the hot water reservoir, the one below free, the trocar is withdrawn, and after the hydrocele fluid has stopped gushing, release the pinch-cock.

Thoroughly flush the sac under some pressure to dilate and to present the surfaces of all folds of the tunic to the action of the hot water. Withdrawing the canulas and sealing the puncture sites with cotton wisps and collodion, followed by the application of gauze or a snug suspensory or T-bandage, completes

the treatment. The patient may resume his daily occupation without hindrance, for the only reaction is slight swelling and tenderness, which pass away during the course of a week.

It is rarely necessary to excise redundant scrotum, as the natural tonicity of the parts will assert itself after a few weeks and "take up the slack." — *Frederic Griffith, M. D., in Am. Jour. of Dermatology, June, 1905.*

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SOME REMARKS ON CASES INVOLVING OPERATIVE LOSS OF THE COMMON BILE DUCT.—In the *Annals of Surgery*, July number, W. J. Mayo gives an account of a case of anastomosis between the hepatic duct and duodenum.

Out of 159 cases of operation on the common duct of the liver, there was a loss of continuity of the duct in seven cases, five intentionally produced in operating for removal of malignant neoplasms, and two accidentally, one of these following an extensive operation for gall-stones, this case forming the basis for the following described operative procedure, the various steps of the latter being neatly and accurately illustrated.

Relief of fistula was the occasion for the operation. An incision through the upper rectus exposed a mass of adhesions with the liver and hepatic duct on the one side and the stomach, transverse colon and duodenum on the other. The original drainage opening at the site of the cystic duct was discovered, the hepatic duct found dilated and the common duct obliterated and converted into a fibrous cord, the duodenum overlapping the remains of the latter forming one of the walls of the fistulous tract. The external incision was enlarged and the liver turned and held upward, the duodenum being immobilized. The hepatic duct was then freed from its adhesions and the duodenum fastened to the adhesions about the duct with three catgut sutures placed about three inches from the pylorus. A small elliptical portion of the duodenum was then excised at the point of contact of the latter with the end of the hepatic duct and the latter sutured to the edges of the former opening with through-and-through catgut sutures. The duodenum was still further anchored, laterally and anteriorly, to the under surface of the

liver and to the surrounding scar tissue, thus affording a broad area of attachment of the duodenum to prevent undue traction upon the hepatic duct.

The patient made a rapid and uninterrupted recovery and remained free from trouble, gained thirty-one pounds and resumed her former state of excellent health.

The above report proves two things: First, that drainage is unnecessary in certain instances, and that sutures penetrate all the coats of the duct and duodenum and produce no complications.—*E. H., in Lancet-Clinic.*

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THE IMPORTANCE OF EARLY RECOGNITION OF SUPPURATIVE EAR DISEASE.—A. G. Bryant, in a long article on this subject, contributes a very full discussion of middle ear disease, its etiology, symptomatology and sequelæ, together with the diagnosis and treatment of the various phases of the malady. The disease is so common an accompaniment of the ordinary diseases of childhood that the practitioner should be as familiar with the ear speculum and probe as with the stethoscope, and it should be remembered that it is often the objective examination that gives the first clue as to the existence of middle ear trouble in small children. The following plan of treatment is outlined for early cases: Douche the ear gently every two hours with one or two quarts of a sterile normal salt solution as warm as can be borne, to be followed by a hot water bag or a hot salt bag. Give one grain of calomel in 1-10 grain doses and repeat as necessary. Use cleansing and astringent washes for the throat and cleansing sprays for the nose. Caution against too forcible blowing of the nose, or blowing both sides of the nose at once. Have the patient remain in bed until the acute symptoms have abated. The bromides or phenacetine may be given, but with caution, and only for a few days. Avoid all opiates, as they mask the symptoms. Early paracentesis is urged, especially in influenza cases, and the technique of the operation and the after treatment are described. Mastoid involvement and the treatment of chronic suppuration are also discussed.—*Medical Record, May 13, 1905.*

CLINICAL FEATURES OF THYROID HYPERSTROPHY.—Dr. H. H. Sted, at the May meeting of the Johns Hopkins Hospital Medical Society, said that one or more of the symptoms usually known as "exophthalmic goitre" might occur with various pathologic conditions in the thyroid. Cysts, adenomata, carcinomata, and even "normal" thyroids had given such symptoms. No sharp line could, indeed, be drawn between perfectly normal people and those with extreme hypertrophy. The well-known symptom complex is sometimes present without hypertrophy of the gland. The condition is more frequent in females (4.6 to 1) though later in life the proportion is smaller. The prognosis is bad and it is doubtful if complete recovery has ever occurred. Twenty-five per cent. of all the patients die within a short time and the rest remain in a state of labile equilibrium. Acute cases occur— one, reported in Nothnagel, appeared in two days and disappeared in eight. The mild form of the disease has been particularly studied by the French; and all observers have noticed that there is no sharp line of demarcation between normal patients and those with mild goitre. In the cystic cases there has usually been no hypertrophy of the non-cystic portions of the thyroid. In the Johns Hopkins Hospital there have been 46 cases of goitre with symptoms operated upon. The majority of these were mild but a few were severe. There was one death in the series. And in this case nearly three fourths of the gland was removed. At present non-operative treatment is being tried, and the X-ray is being used instead. The influence of this agent has been marked in certain of the reported cases but it is not prompt. *Johns Hopkins Bulletin.*

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ACUTE PNEUMONIA AND ITS MODERN TREATMENT.—L. LeBeuf (*New Orleans Medical and Surgical Journal*, August 1905) discusses this subject and points out its treatment. Diet is of prime importance, milk fresh or peptonized, peptonoid, paropepton, soft boiled eggs, raw eggs, bouillon, and gruels as applicable. Feed every hour. Give water freely, fruits, grapes, oranges, etc. Wait till fever is all gone before returning to general diet. Absolute rest is of great importance. A slow

pulse is a safe pulse; a rapid pulse requires purging, cupping, or blood letting. A soft, rapid, compressible pulse requires digitalis and strychnine. Nitroglycerine is dangerous. Camphor is to be used in two grain powders with sugar or milk. Cyanosis calls for atropine. A fast struggling heart in the early stage may be quieted with a few drops of tr. aconite, veratrum viride, or hyoscyamus.

The fever should be kept below 103° F. by sponging or ice bag to the head. High, cool, rectal enemas are of value. Coal-tar products are to be avoided. Pain in the first stage is to be controlled by strapping, mustard plaster, or turpentine stupe. In children redden the skin with the mustard plaster and then apply some of the clay poultices covered with cotton; or apply a flaxseed poultice covered with oiled silk jacket. Dover's powder or codeine may be used to control cough and pain, if necessary.

Elimination must be stimulated. Give a calomel purge and a hot mustard foot bath. Keep covered and give plenty of water, vichy, or seltzer. High rectal saline injections at a temperature of 80° to 98° F. are of value as an eliminator and temperature reducer.

Potassium iodide and the ammonium salts are of service in the third stage. Creosote carbonate may be used as an inhalation and internally. Blood-letting is of value in cyanosis of the second stage. Plenty of fresh air, clean linen, and a careful disposal of the sputum should be insisted upon. The mortality of nearly two hundred cases treated in this plan was 18 per cent.

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FRACTURE OF THE PATELLA.—J. B. Cutter, Albuquerque, New Mexico (*Jour. A. M. A.*, August 5), reports a case of fracture of the patella in which the patient refused treatment and precipitately left the hospital as soon as he learned the time and confinement it would require. About three weeks later he returned to obtain a certificate of discharge, having used his leg constantly during the interim, no attempt at treatment or immobilization having been made. There was ligamentous union apparently, the separation of the fragments being three-quarters of an inch.

The functional result was remarkably good, there being almost complete extension and no inconvenience in walking. The aration case suggests to Cutter the question how much or little advantage is gained by the conventional periods of rest in the recumbent position in cases of fracture of the patella?

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RAPID TREATMENT OF VAGINAL GONORRHEA.—C. Daniels thinks that gonorrhea is the most common type of vaginitis. Lesions are located especially in the cul-de-sacs. The writer describes the following method of treatment, which is advocated by Tuffier as being the most rapid: The vagina is first carefully cleansed with a sterilized compress or a soft brush. It is then rinsed with plain boiled water. Injections are then given of one liter of a 1 to 4,000 solution of permanganate at 35 to 40 degrees. The vagina is then tamponed with five or six long wicks of sterilized gauze, soaked with the same solution of permanganate. After twenty-four hours the wicks are withdrawn and new ones are inserted. After from twelve to twenty-four hours this treatment is completed. The patient is carefully looked after for about two weeks, although after the second day there are no more gonococci. The cul-de-sacs are painted with a tincture of iodine, which is also used to disinfect the cervicouterine cavity. Daniels approves of introducing a stick of nitrate of silver into the urethra. This is immediately withdrawn. Three or four treatments, eight days apart, will effect a complete cure of the urethral infection.—*Revue Francaise de Medecine et de Chirurgie*.

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SPRAINS.—Dr. Britton recommends that the limb be placed into a vessel of very hot water immediately, boiling water being added as it can be borne, and kept immersed for twenty minutes or until the pain ceases. Then put on a pretty tight bandage and order rest. Sometimes the joint can be used in two hours. If the trouble is more chronic, apply a silicate of soda dressing, and let the patient walk with a cane, if the ankle or knee be the joint affected.—*Atlanta Journal-Record of Medicine*.

PROSTATECTOMY.—R. Harrison says of perineal prostatectomy that he believes it of limited applicability adapted principally to partial removals of the gland. Freyer's operation of supraprostatectomy is considered the operation of choice in the majority of cases, some of its advantages being that it may be completed with a knife aided by the fingers in a very few minutes, and that the bladder and prostate are approached from their most accessible position where there is little or no danger of encountering hemorrhage or of permanently damaging the sphincter or retentive apparatus of the bladder. The drainage provided is free so that secondary strictures need not be feared, and any calculi present are sure to be detected and removed. Partial supraprostatectomies have not proved, on the whole, successful. In regard to the mortality attendant upon the two types of operation the author believes there is not much difference between them, and he puts it, including all causes of death, at about ten per cent.—*Medical Record, May, 13, 1905.*

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DYNAMICS OF DREAMS.—A. E. Gibson presents an exhaustive analysis of the physical and psychical basis of dreams. He sums up his views in part as follows: To sum up the argument, dream and waking differ in degree and form of manifestation only, not in principle and essence. Like waking consciousness, dream *reveals*, but does not *create*. The same world that surrounds the waking individual surrounds the dreaming, only the viewpoints and media of observation are changed. As the life experience of an individual in his waking consciousness receives its character and value by and through his power of response to environment, so in a similar way the value of a dream depends upon the power of the Ego to respond to consciousness in its various forms of emotions, ideas, and feelings which constitute the environments of the subjective of a dream plane. Waking or dreaming, the individual is, or becomes, what he chooses to be at any given moment of his existence. The background for ordinary dreams consists of undigested remnants of waking life. Hence, ordinary dreams are merely undigested life, being made up by longings, desires, anticipations, idle hopes, and miscarried realizations, which, oc-

cuping the mind during the day, are overtaken by sleep before having reached their fruition. Hence the mixture, in dreams, of the sane and the insane, of truth and delusion. On the other hand, the life lived out and assimilated in a pur-  
ful existence becomes absorbed in the formation of char-  
acter and leaves no residue to form the bizarre staging for the  
fused dream. And to such an individual the intuitions of daily  
life, with their dazzling imagery, will introduce symbols, which,  
properly interpreted, may carry the significance of previsions  
and prophecy. Therefore, to turn dreams into useful, intelligent  
and intelligible factors, we must fill our waking life with  
thoughts of universal usefulness, and freight the train of  
events with an unflinching devotion to duty and virtue.—*Medical Record*, Aug. 12, 1905.

A CASE OF MENSTRUAL URTICARIA.—D. J. M. Miller summarizes the literature of this condition and describes its occurrence in a girl of fifteen, who menstruates regularly and whose attacks of urticaria make their appearance seven or eight days before the flow begins and cease two to three days before, each period. Occasionally the urticaria persists until the flow begins, rarely during the first day or two of its course. During the intervals between periods the patient is quite free from attacks and she is perfectly healthy in other respects. The urticaria itself is of the ordinary type.—*Medical Record*, May 13, 1905.

LARGE DOSE OF QUININE IN PNEUMONIA.—F. H. Johnson, Ross Fork, Idaho (*Journal A. M. A.*, June 3), reports that he recently treated thirteen consecutive cases of pneumonia among Indian school children with large doses of quinine, according to the method advocated by Galbraith (*Journal A. M. A.*, Jan. 1905, p. 291) without mortality. The initial symptoms common to all cases were intense frontal headache, epigastric distress, vomiting, and in eight cases epistaxis also occurred as an initial symptom. Three of the five boys had epistaxis at the onset, all had it repeatedly during the quinine treatment. Of the five girls five had it as an initial symptom. Two of these had

menstruated, but the menses appeared during the treatment; in the other three they also appeared, though not due, and in spite of the fact that the patients had always previously been regular in this respect. In none of the girls did epistaxis appear after the initial symptoms. Poole asks: Was this hemorrhagic tendency a part of the disease and peculiar to this epidemic, or were the epistaxes of the onset due to the infection and the later hemorrhages to the treatment? The minimum single dose of quinine given was fifteen grains, the largest thirty-six grains. These large doses proved a genuine stimulant to the heart and circulation, and appeared largely to allay the anxiety of the patient and to secure sleep.

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INCONTINENCE OF URINE.—E. C. Dudley, Chicago (*Journal A. M. A.*, June 3), describes a new operation for the relief of the urethrocele with imperfect urinary control, sometimes met with in multipara. It is based on the same principle as the operation of Albaran for the same purpose; the urethra however is not dissected free and the danger of sloughing is avoided. The first step consists in denuding a horseshoe-shape surface between the meatus and the clitoris, and to either side throughout its length. In the second step of the operation the meatus is drawn up to a point near the clitoris and secured there by means of two sutures. The lateral portions of the denuded surface are then closed. The first two sutures stretch the urethra upward toward the clitoris, and the lateral ones tend to hold it in its new position. The idea is to straighten the urethra by longitudinal tension and to collapse it and to hold together the dilated walls and to overcome the sacculation at the neck of the bladder by lateral traction. In many cases it may be necessary to operate at the same time for the associated cystocele, and in nearly all cases to perform perineorrhaphy for the relaxed posterior vaginal outlet. When there is very much relaxation of the tissues about the clitoris, and there is danger of it being pulled down, he would take a reef in the tissues above that organ, enough to keep it sufficiently high to hold the urethra taut. He has performed this operation five times since Jan. 1, 1905. In the first four, the relief was immediate, and, so far as known, continuous. The last case is still too recent to be correctly estimated.

INCISING AND SUTURING THE LIVER.—J. Frank, Chi (Journal A. M. A., August 12), describes his method of excising a wedge-shaped portion of the liver and suturing and its advantages over other methods, such as packing, cautery and other methods of suture. He has experimented with it in 16 dogs. It consists in removing a wedge-shaped portion, including the eased area, ligating the arterial bleeding with catgut suture, and, as soon as the hemorrhage is checked, bringing the edges together, and with a long non-cutting needle making a running suture from one end to the other in the following manner: "In case the excision is in a transverse direction, "one suture is carried through the liver tissue near the bottom of the trough, and then one superficially, and so on, alternating, until complete closure. It requires but very slight tension to approximate the flaps. The mode of suturing can be varied, according to the skill of the operator. The main object is to bring the two flaps together, obliterating all dead space. The continuity of the liver surface is re-established, appearing as if a new border had been constructed. No raw surface or ragged edge is left. If a portion of the liver is to be removed in a longitudinal direction, from the viscus, the following method is then pursued: A wedge-shaped portion of the entire thickness of the liver is first cut out, and the two broad surfaces left are now converted into troughs. This is accomplished by the excision of wedge-shaped pieces. These troughs thus formed have two flaps. When the operation is completed, the raw surfaces left of the original V are transformed into smooth, continuous liver tissue assuming the form of borders, and the V space left persisting as a notch." The operations are illustrated by figures. Frank thinks that this operation has an important future.

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## *Original Communications.*

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### GALL-STONES IN THE COMMON DUCT\*

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BY WILLIAM D. HAGGARD, M. D., NASHVILLE

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GALL-STONES in the common duct have been found once in every five cases operated on by Robson, and once in every seven cases by the Mayos. It is estimated that sixty-seven per cent. occur in the duodenal end, fifteen per cent. in the hepatic end, and eighteen per cent. in the middle of the choledochus. They vary in size usually from a split pea to a nutmeg, although exceptional instances of much larger stones have been recorded. They are usually solitary, though more than one are frequently found.

\*Read at 72nd Annual Meeting of the Tennessee State Medical Association.

They sometimes remain many years. Moynihan speaks one stone removed after nine years. They usually cause death from six to twelve months from cholemia, if the obstruction complete and unrelieved. I have seen death ensue in six weeks from cholemia and infection, with intense jaundice and delirium in spite of operation, which was undertaken only as a last resource and did not apparently hasten the end.

In acute obstruction Kehr advises against operation, not on account of the high mortality attending it, but because a quiescent period usually ensues, in which jaundice and cholangitis are absent. Moreover, he entertains the hope that the stone may in some instances, finally escape, and thus relieve the condition spontaneously. He makes the reservation, however, that it should not be allowed to go unrelieved longer than three months, beyond that time usually blood dyscrasia will have advanced so far that even operative relief cannot be invoked with safety.

Mayo observes, however, that "unfortunately the majority of common duct patients have either never had an intermission or have passed beyond it, and operation is no longer an election as to time, but a necessity, and no matter how desperate, must be undertaken to save life."

If, on the contrary, there is no infection or jaundice or a quiescent period can be attained for operation, the mortality is, in the hands of the Mayos, only two per cent. contrasted to the general mortality of, say, ten per cent. in common duct cases.

It was formerly the custom to look for the presence of gallstones in the feces after attacks of colic, and if found, it was with great delight, and the hope that the trouble had reached a happy termination. Unfortunately, the escape of stones does not occur as often as was commonly supposed, as the great majority of colics are unsuccessful in expelling the stone. Even if it is expelled, it is no evidence that others are not left behind. Indeed, the surgeon never fails to find others in the biliary tract after the escape of one or more in the feces. I have reported one case of one hundred stones removed from the gall-bladder after the patient had recovered a great many, and in another case herewith recorded there were seven stones in the common duct after the

patient had collected forty-five during a period of five years, Mayo regards the passage of stone as an indication for operation, and says, "In no case was operation performed upon a patient who had passed stones by the bowel, that the gall-bladder did not contain more."

It must be remembered that stones are about as liable to ulcerate into the duodenum, stomach, or colon as they are to pass through the common duct, and even then others are likely to remain.

In the invasion of the common duct by stone, besides the colic which drives it, two other elements are concerned,—obstruction to the flow of bile, and infection. Bacteria are much more abundant near the duodenum, and the nearer the stone is located to the papillæ, the greater the infection. In many cases the symptom of obstruction is not absolute and infection is overcome. Unless the stone is tightly impacted, the downward flow of bile tends somewhat to wash away the infectious elements. This is wanting in the gall-bladder, and hence infection there, if very virulent, goes on to suppuration, gangrene, and perforation. The obstruction, too, is often imperfect, and bile flows alongside of an irregularly shaped stone. Even if a round stone completely plugs the lumen, the bile accumulates behind it, the duct distends, and the stone floats back, thereby temporarily relieving the obstruction, and thus the ball-valve stone of Fenger alternately occludes the duct and then allows the bile to escape.

If the stone is impacted, the jaundice is absolute, the common duct dilates. It sometimes attains a very appreciable size. It has been so distended as to be mistaken for a distended gall-bladder, a pancreatic cyst, and an hydatid of the liver. The pain is referred to the back under the right scapula. It is more prolonged. Vomiting is obstinate. Tenderness is present between the xiphoid and the umbilicus. Pressure may be so great as to erode the mucous membrane, and to finally perforate into the adjacent viscera. Gall-stones discharged in this manner sometimes cause intestinal obstruction.

The typical symptoms of gall-stones in the common duct are very striking and characteristic. They may be enumerated in

the order of their incidence in a given attack, as pain, chill, perature, sweating, hypersensitiveness, jaundice.

The pain in the beginning of an attack is usually paroxy and cramp-like. It may be dull, aching, and rather cons. The patient may have shivering and rigors, or a distinct. The temperature then immediately rises, sometimes to 104°. fuse sweating follows, and the temperature suddenly drops normal. It thus has the "steeple" appearance on the temp. ture chart. Jaundice, if it occurs, makes its appearance in a hours, or if already present, becomes strikingly deeper. liver is tender and generally enlarged. This sequence of sy. toms commonly subsides in a few days, only to go through same cycle every few weeks.

The ague-like character often causes a diagnosis of ma to be made, particularly if jaundice is absent or slight. also described as the "intermittent, hepatic fever of Char. During the jaundice the stools, of course, have the grayish, w putty appearance, and the urine is beer colored. When the s is dislodged, the stools are again colored brown with bile, the urine is no longer discolored by it. This very variation jaundice and stools is most significant of calculous obstruction the movable type. Frequent repetition of these attacks ca marked loss of weight from the recurring toxemia, and digi disturbances. The spleen is usually enlarged.

If the fever, instead of intermitting, becomes constant, it cates a general suppurative cholangitis, abscess of the liver or phrenic abscess. The infection may extend into the panc. Opie has shown that a small stone lodged in the ampulla obstr. ing the papillæ of the duodenum may cause the bile to be fo directly into the duct of Wirsung, and cause an acute infec pancreatitis with fat necrosis and death. An acute accession intense epigastric pain, with sudden shock, muscular rigi vomiting, and collapse is indicative of this fatal catastro There is no leucocytosis in this condition which distinguishes from perforative peritonitis.

Riedel and Robson have shown that chronic pancreatitis can be caused from the gradual extension of a chronic infection fr

common duct gall-stones. This, fortunately, is entirely curable by the removal of the cause and drainage. Prolonged jaundice vitiates the blood to such an extent that it leaks out of its proper channels. Subcutaneous hemorrhages occur, and bleedings from the mucous membranes. This lack of plasticity of the blood renders operation in the presence of prolonged jaundice dangerous, as uncontrollable oozing often occurs from the incision, that is sometimes fatal. Chloride of calcium is said to increase the blood-clotting power, but ecchymotic patches are a positive contra-indication to operation.

Another result of prolonged gall-stone irritation is primary cancer of the gall-bladder and ducts. It was observed in five per cent. of 405 cases by Mayo. A hard, nodular mass in the region of the gall-bladder, not tender, associated with loss of weight, preceded by a gall-stone history and followed by jaundice, is suspicious of malignancy.

Gall-stone in the common duct is rarely attended with enlargement of the gall-bladder. This physical sign serves to discriminate it from about the only other condition with which it may be confused,—obstruction of the common duct with jaundice from other causes, principally cancer at the head of the pancreas. The jaundice in these cases is intense and unvarying, and the gall-bladder is nearly always enlarged and painless. Courvoisier's law is, "In eighty per cent. of the cases of obstruction of the common duct due to stones there is contraction of the gall-bladder, while in ninety per cent. of the cases of enlargement of the gall-bladder the obstruction is due to other causes than stone."

The chief reason for a contracted gall-bladder with common duct obstruction is the fact that infection of the gall-bladder has probably occurred sometime before, which has greatly thickened its walls, and perhaps fixed it by adhesions from a pericholecystitis. The gall-bladder contracted in the preceding colics which started the stone on its migration from the gall-bladder during the inflammation, and caused the walls to be stiffened with inflammatory exudate while thus contracted. It is, therefore, non-distensible, and no amount of obstruction to bile can dilate it. The liver ducts yield, and the cells are sometimes hindered in their

secreting function by the pressure, causing the grave type of cholangitis which, together with infection, renders this complication of cholelithiasis so desperate.

In distension of the gall-bladder the deep, persistent jaundice generally betokens quite certainly the non-calculus origin.

Obstruction by stone and by tumor is differentiated in the following table adapted from Kehr:—

	<i>Gall-stone Obstruction</i>	<i>Obstruction by Tumor</i>
History	Previous colics	Absent
Duration	Years	Only few months, at most a year
Pain	Always present	Very rare
Fever	Frequently present	Usually absent
Jaundice	Variable, comes and goes, stools alternately gray and brown	Very intense, stools continuously clay-colored
Palpation	Gall-bladder small and not felt	Large, elastic, dis- tended painless tu- mor
Spleen	Enlarged	Normal
Ascites	Absent	Frequent in malig- nancy
Cachexia	May be simulated in neglected cases	Pronounced. Left clavicular glands en- larged

Obstruction also occurs from (1) cholangitis extending from cholecystitis; (2) adhesions; (3) stone in cystic duct large enough; (4) chronic pancreatitis.

While jaundice occurs as described in the movable or ball-valve stone of Fenger, yet it is not always present where stones are in the common duct. In the appended case where, during five years and forty-five stones were at various times in the common duct and were passed per *vias naturales*, and eight were found in a dilated duct at the operation, still he had never had jaundice but once and that for only a few days. Kehr found jaundice absent in thirty-three of his cases with stone in the common and hepatic ducts, and Mayo says one third of his cases had little or no jaundice.

Jaundice is not, therefore, an infallible sign, and should not be looked for in the great majority of cases of gall-stones. The

diagnosis can and should be made in most instances before the complications which cause jaundice, occur.

In 1902 Robson operated 68 times, with mortality of 15 per cent. In his last 21 cases the mortality was 5.5 per cent. Kehr had 137 cases with 9 deaths, or 6.5 per cent. Mayos' 137 cases had 16 deaths, or 11.7 per cent. Of the sixteen deaths only seven per cent, died of the immediate effects of the operation, and the other four per cent. recovered from the operation, but did not regain sufficient strength to leave the hospital. In his group was the unprecedented record of thirty cases without a death.

The most convincing plea for the earlier recognition of gall-stone disease before the complications and common duct obstruction occur, these surgeons, out of 1,000 operations upon the gall-bladder and ducts, did 820 cases where the disease and stones were still confined to the gall-bladder, with the most surprisingly low mortality of 2.4 per cent. This included acute and chronic infections, local peritonitis, complications, intestinal fistula, etc. In 416 cases of simple gall-bladder disease, the mortality was less than one half of one per cent., equally good as the interval operation for appendicitis.

Inasmuch as obstruction is primarily a purely mechanical condition, it requires purely mechanical treatment—operative removal. This gives opportunity for the relief of the other element—*infection*—by drainage, and drainage is the secret of success in the treatment of inflammations of the gall tracts.

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## SOME ANOMALOUS CASES OF APPENDICITIS\*

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BY JOHN A. GAINES, M. D., NASHVILLE.

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It is well known that among the earliest symptoms of appendicitis in typical cases, is nausea, usually with vomiting. This ordinarily appears with the pain, and often precedes localization of the pain, by a longer or shorter interval.

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\* Read at the 72nd Annual Meeting of the Tennessee State Medical Association.

There is, however, a type of gastric disturbance due to appudicular irritation in which this seems to be the only symptom. The digestive disturbance, in both stomach and intestine, is associated with malassimilation, intestinal fermentation, malnutrition leading to the toxic state known as lithemia, with sallow skin, muscular pains, restless nights, constipated bowels, eructation of gases, fitful and poor appetite, loss of weight, high colored urine with increased urates, indican urea, with occasional periods of large amounts of phosphates in the urine. The stomach analyses in these cases do not show any regular or marked departure from the normal. Tonics, digestants, diet, lavage, — much abuse in these cases, — hygiene, and laxatives, while constantly demanded, have only temporary beneficial results, and any gain in weight is quickly lost on suspension of these attempts at establishing a physical balance.

I wish to report a few cases coming under my observation, illustrative of this state, as well as of another condition under which not enough stress is laid; that is, that there may be repeated attacks of appendicitis without the formation of adhesions. The popular fallacy that each subsequent attack of appendicitis adds safety, and makes conditions more favorable for waiting for abscess or interval operation, is by no means always true. As illustrating the first type:—

*Case 1.*— H. H., male, age 4 years and six months. Family history good. First child, normal labor. Began suffering when quite young with colic and digestive disturbances. Growth slow, enlarged tonsils, and pharyngeal adenoids. He had been under my care for more than a year, with capricious and poor appetite, and digestion; delicate, poorly developed, and effeminate; never actually sick, but always listless. On March 3, 1903, had an attack, the first at all pronounced, with nausea, pain, and tenderness in right iliac fossa, slight muscular rigidity, constipated bowel, and slight fever. I diagnosed the case appendicitis. With a dose of oil, an ice bag, abstinence from food and water, he rapidly improved, and was easy in thirty hours, with very little tenderness remaining. He continued pale and rather more delicate after this until the 15th of May following, when he had

much more pronounced attack, from which he made a poor recovery. And on May 31, some ten days after he had resumed play and was up the most of each day, I operated. The appendix was six inches long, two partial strictures, and filled with semi-fluid fecal matter, and no adhesions. He had no trouble from operation. Immediately following operation and to the present time his digestion has been perfect, appetite good, and growth entirely satisfactory, with expression markedly changed, and is a healthy, vigorous boy.

*Case 2.*—Miss L. S., age seventeen. Family history negative. Has had no serious illness, except poor digestion, with acute attacks of gastric pains, nausea and vomiting, and great tenderness over epigastrium; says there had never been pain over appendix. For four years she had had one of our best surgeons attending her, so I knew there were no symptoms diagnostic of appendicitis. I saw her just after one of these attacks, made a thorough examination, and found no evidence of appendicular involvement. Under treatment she gained some, but was under almost constant treatment during the whole time, more than one year, but without an "attack" until March 4, 1903, when after some slight indiscretion in diet she had an attack of abdominal pain, nausea, and persistent vomiting, temperature  $103^{\circ}$ , tenderness in right iliac fossa, and muscular rigidity, rather marked in right rectus. I made diagnosis of appendicitis, held operation under advisement till following morning. On calling the following day I found an active dysentery, frequent stools of bloody mucus, tenesmus, etc., with equal tenderness extending throughout the entire colon. I changed my diagnosis, and treated dysentery. She made a slow recovery. Had several similar attacks of "flux" during the summer, only of slight intensity until October 1. I then saw her with quite a severe attack of gastritis, associated with marked intestinal fermentation and general tenderness. She made a very slow and imperfect recovery, eating only fluids, and was under continuous treatment to October 15, when she ate some solid food at noon, and went to the circus at night. While there she was seized with marked colic, nausea, and vomiting, and left for home. She vomited at intervals all night, but I was

not called until early the next morning, when I found a typical attack of appendicitis, and there being no improvement (dysentery) I operated on the 17th. There was an appendix full of adhesions, markedly congested, slightly larger than ordinary and firmly sclerotic throughout, with a very small lumen containing fluid fecal matter. The appendix was so thickened it could not be held erect by the base. Recovery was uneventful, and in three months after operation she had gained fourteen pounds. Now she weighs more than she ever did in her life, eats with impunity anything she desires, needs no purgatives, and is the picture of health.

*Case 3.*—Mr. J. S. D., age thirty-eight, married. Family history negative, other than a few cases of tuberculosis, rather distant. Personal history, somewhat delicate from boyhood, but had no serious illness. For years a sufferer from chronic digestive disturbances of a mild type. About four years ago he had an attack of intestinal colic lasting all night, which was relieved by bowel movement, leaving general abdominal tenderness. He has had such attacks about four years, or since this time, he has been under my care. I have used gastric lavage, as had been done before, gave a strict hygienic regimen, and ran the gamut with tonics, often having to prescribe for muscular rheumatism, mostly in chest and limbs. For two years there has been a constant feeling of uneasiness in the abdomen, mostly over the region of appendix and right kidney, but with no distinct pain, localized tenderness, or muscular rigidity, and unattended by nausea or vomiting. Just "an uncomfortable, heavy, tired feeling," as he expresses it, in the right iliac fossa. I have many times examined for appendicitis, and could find no mass or marked tenderness, except toward the kidney or gall-bladder, and that indefinite; the whole abdomen was always tender to pressure, due to intestinal fermentation. During October, 1903, these symptoms became more urgent, and his loss of flesh progressive. Would wake at night with a sharp shooting or stabbing pain in region of appendix, and this would occasionally occur during the day, especially when careless of diet. He now developed continuous soreness in the same region, and gradually I could make out a slowly increasing mass.

moderately tender. I advised operation, which was readily assented to October 4. I failed to state that for several months he had felt some slight uneasiness or irritation in region of gall-bladder or liver. Palpation revealed nothing, not even tenderness. On opening the abdomen I was surprised to find the whole right iliac fossa a mass of soft, thin adhesions, with omental attachments in every direction. A broad adhesion of omentum, with marked thickening as broad and thick as the hand, reached out and adhered to the ascending colon six inches above the appendix. The appendix was about two inches long, very much attenuated, being not thicker than a crow's quill, except right in the distal extremity, where it was slightly clubbed. It pointed downward toward the pelvis, and accounted for a symptom I have failed to mention; namely, for about four months prior to operation he had been troubled with repeated morning erections, waking him three or four times each morning, occurring regardless of coition. While the abdomen was open I examined the gall-bladder, and found a small stone, but deemed it wise, owing to condition of patient, to leave that for subsequent operation if it gives further trouble. His recovery was uninterrupted, and he left the hospital on the twelfth day. He has been eating with impunity anything, and as much as he desired, since the operation, to him something previously unknown. Had gained seventeen pounds in eight weeks after operation, has been gaining since, and is heavier than at any time before operation.

These suffice to illustrate a class of cases that can but be of interest, both to surgeon and "internes," and are, to say the least, very suggestive.

As to the second class with repeated distinct attacks of sufficient severity to be easily diagnosed:—

*Case 4.*—Mr. J. L. B., single, age about thirty-two, traveling salesman. Family history negative. Personal history had been alcoholic, but after being repeatedly given morphine for pain had substituted this drug, and become a habitue, taking about four grains in twenty-four hours. He had for several years had repeated attacks of appendicitis, claiming to have had six distinct attacks. Had been urged to an operation, which he had refused,

in many of these seizures. He came to my office the first time I saw him, March 9, 1903, suffering with an attack of appendicitis, typical in detail except there was no mass, as I had expected from his history. Having very thin abdominal walls, I could feel the appendix distinctly. He was sent at once to the hospital, operated on the 16th, having postponed operation, as he was improving, and I wished to ascertain the amount of morphine used and get him under control. On operation there was a rather long, enlarged, and congested appendix, with two slight strictures, and filled with fecal matter, but not an adhesion. He left the hospital on the tenth day in perfect condition.

Without going into detail I will report more briefly:—

*Case 5.*—Mrs. D., aged thirty-eight, three children. I saw her in June, 1901, with a typical attack of appendicitis. She was quite sick for seven days, recovering slowly without operation. In November, five months later, she had a recurrence lasting severe for five days; from this attack her recovery was very imperfect, with slight continuous pain and marked gastric disturbance. The latter part of December, on operation, found a short appendix, about one and one-half inches long, a stricture obliterating the lumen at the base, and an abscess at distal extremity, about as thick and long as last phalanx of thumb. There was not an adhesion, although the appendix seemed on the verge of perforation, being distended very tightly with dark brownish fluid.

I might repeat these histories, with slight modifications, in several other cases, if needed and time were allowed, but these illustrate the two not unusual classes to which I wished to call attention.

I do not fully subscribe to the teaching of some, mainly W. J. Mayo, that practically all chronic gastric disturbances are due to cancer, ulcer and its after effects, or to some chronic inflammatory process, as the various diseases of the gall-bladder, appendix, or renal irritations. I wish to emphasize the fact that not *all*, but some, cases of chronic dyspepsia have as their cause a latent and irregular appendicitis, and what is of vastly greater importance, that an attack of appendicitis, even of moderate severity, may be unattended by the slightest adhesions. Those who do surgery

often find that needless delay has resulted in a rupture where there were no kind and protective adhesions to prevent immediate diffusion of pus (and may be death by peritonitis), and later, if they survive, draw their unwilling possessor into "knots and kinks," with partial or complete intestinal obstruction, and in another way bring reproach unjustly upon the surgeon's skill in the mind of the prejudiced public.

That there are many cases of digestive disturbance due primarily to vitiated conditions of the stomach secretions, I am convinced; but I am also certain that much more frequently than most of us admit, the stomach symptom is only one phase of a symptom complex, the primary seat of which resides in some other diseased organ, sometimes in an appendicitis not sufficiently typical in its manifestation to attract one's attention or to be surely diagnosed.

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## TWENTY YEARS' EXPERIENCE WITH ATYPICAL DUODENAL ULCERS \*

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BY W. J. MILLER, M. D., JOHNSON CITY.

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PREVIOUS to the year 1883 I had repeated attacks of sick-headache with nausea and sometimes vomiting. These attacks were always relieved in twenty-four to thirty-six hours by saline laxatives, hot foot baths, and a few hours' sleep. I had a very severe attack of herpes, the eruption covering one side of my face, head, neck, and shoulders, with the violent deep-seated pain in the shoulder. This sickness was accompanied by more or less delirium and fever, and lasted for ten days or two weeks.

In 1883, after hard work, loss of sleep, irregular and improper eating, my health failed with what was diagnosed as overwork and malaria and indigestion. For a year or eighteen months I was an invalid. During this time I was always hungry, rest-

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\* Read at 72nd Annual Meeting of the Tennessee State Medical Association.

I could get the doctors, I was quite sick and faint, and began to vomit blood, while same passed involuntarily from my bowels. I lost consciousness, and the next two or three weeks are almost a blank to me; but when I did regain consciousness, I was in care of a nurse, and was advised to keep quiet, as I had a peptic ulcer that had bled me to collapse, and it was feared that it might again become active. Up to this time I had never suspected ulcer.

I was kept on a rigid diet, absolute rest in bed, with the administration of lime water, milk of magnesia, subnitrate of bismuth and silver, subnitrate of bismuth and hydrastine, Carlsbad salts, etc., for two months. After I was permitted to be up a little each day and to stop the use of bismuth and silver and bismuth and hydrastine, the rigid diet and other medicines were continued.

About May 20, 1904, I had an active period with my ulcers. Discomfort and reflexes increased very much, and were followed by another hemorrhage and large stools of Melena. The hemorrhage seemed to relieve the distress, but caused no nausea or vomiting of blood as before. Then it was that my physicians first eliminated positively ulcer of stomach, and diagnosed ulcer of the duodenum.

I was put back to bed for two weeks, dieted if possible more rigidly on peptonized milk, given alkalies, and bismuth and silver for ten days or two weeks, and the bismuth and hydrastine for a longer period. Then I was allowed to be up a little each day, but was advised to consider myself an invalid, and to agree to rest and remain in bed for several months. In a few days I went to the Springs, drank freely of chaylebiate water, discontinued all medication except lime water and milk of magnesia and Carlsbad salts and enemas as necessary. I remained on liquid diet all summer. Convalescence was slow and very unsatisfactory.

In October, 1904, after a few days of more than ordinary distress and discomfort, I had another slight hemorrhage. Diet was not so restricted and medicines not so heroically administered after this hemorrhage, but results were about as good. At this time I began the use daily of olive oil, one half to two ounces

every day, and castor as was necessary to move my bowels, leaving off the Carlsbad and enemas. I gained some flesh and strength in November and December, but my suffering and discomfort were terrible. I could not, without great pain, bend or stoop forward. I had pains and soreness in neck and shoulders, forearms, outer side of legs, heels and bottoms of feet, continually. My appetite was good, but I was afraid to eat, and liquid diet was adhered to strictly. Any change in the quality or quantity of food seemed to increase my distress as exhibited through these reflexes. My extremities were always cold and often bathed with cold sweat.

In January, 1905, I had a recurrence, went to bed again, and remained in bed five weeks. On the 23rd day of February, 1905, I got out of bed and went to a hospital to submit to a radical operation for duodenal ulcers.

I was operated upon March 1, 1905, by Dr. W. J. Mayo. The operation of gastroenterostomy (posterior) by suture, without the loop, was performed, the following description of which was kindly furnished by Dr. Judd, one of the assistants in the Mayo clinic:—

"The incision was made a little to the right of the median line, starting just below the rib and extending nearly to the level of the umbilicus. Through this incision the gall-bladder and entire duodenum and pylorus as well as the right kidney were explored. A large ulcer of the duodenum was readily found. The stomach was lifted out of the incision, turned up onto the abdomen with the posterior surface lying upward. The transverse colon and mesocolon were drawn up over the stomach. Pulling quite tightly on the mesocolon, making traction a little to the patient's right side, draws up the ligament of Trietz which will pull the small bowel into view.

"A small cut was made in the transverse mesocolon between the vessels. This was enlarged enough with the fingers so that a part of the stomach could be pulled through to use for anastomosis. The lowest point in the stomach was chosen, and the anterior wall of the stomach at this place was grasped with a pair of tacking forceps. About two inches from this, running in an

oblique direction toward the esophagus, another tacking forceps was placed, the part of the stomach between the forceps being caught in the clamps.

" For an anastomosis with the small bowel the loop that was formed by the ligament of Trietz is drawn up as short as possible without making too much tension. About two inches of this was caught in another pair of clamps in such a manner that the opening in the bowel was made longitudinal and directly opposite the mesenteric attachment. The stomach and transverse colon and all of the small bowel except that in the forceps, was replaced in the abdomen. The clamps in position, the part of the stomach and bowel included were approximated and the stitching was begun.

" The first line of sutures were of the Cushing type made with the celluloid linen. When the bowel and stomach had been sewed together for a distance of two inches, this thread was wrapped in separate gauze and set aside for the time being. The opening was made in the stomach and also the bowel about one fourth of an inch from this row of stitches. The mucous membrane was trimmed out on both sides so that it would not push through between the stitches.

" The second row of suturing was made with chromic catgut. The back row was made with a lock stitch beginning on a side opposite the starting point of the linen stitch, so the linen and catgut knots were at different points, but as soon as the turn was reached, this was changed to a modified Connell stitch. After the complete lumen had been sewed with the catgut, the knot was tied inside the lumen by tying to the free end, left long, when the catgut stitch was started. The clamps were removed and parts cleansed. There was no leakage or hemorrhage after the inside stitch was completed. The linen thread was then taken up and the Cushing stitch continued around. The cut edges of the transverse mesocolon were stitched in several places to the small bowel, about one eighth of an inch from the anastomosis, in this way preventing the bowel from slipping through this opening and becoming strangulated.

" The anastomosis was sponged off with salt solution as well

as the stomach and bowel adjoining, and dropped back into the abdomen, and the wound closed with silk-worm stitches.

"The recovery was prompt and uneventful."

Soon after the operation, they began to feed me the lightest liquid foods, and after a few days gave me milk toast and other semi-solid foods, and increased my diet gradually until March 19 I was eating solid foods. Now I eat almost anything of a simple diet with impunity. I avoid pickles, pickled foods, pork, peppers, mustards, and highly seasoned dishes.

What I wish to emphasize in my case is the absence of any colic or even colicky pains, the absence of nausea, the absence of the stabbing pain in the stomach or of any pains or soreness in the stomach or abdomen, the absence of most all the regular symptoms of ulcer of the duodenum except the constipation, muscle spasms, flatulence, and eructations of gas.

The results of the operation in forty days as noticed by me are the relief of the constipation which has lasted for twenty years, my bowels move once or twice a day now easily and abundantly. The flatulency is gone entirely. There are no eructations of gas, although I eat dishes that I have avoided for twenty years because they produced so much flatulence and distress. The reflexes that made me so uncomfortable while asleep or awake, the awful night dreams and night terrors are almost entirely relieved. I sleep abundantly and dreamlessly, something I have not been able to do for twenty years. I am now eating more and of a larger variety of foods than I have been able to eat without great distress in twenty years. I am gaining strength and flesh rapidly. I gained in one week by actual weight seven and one-half pounds, and in two weeks thirteen and one-half pounds.

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THE EPIDEMIC OF TYPHOID FEVER in Washington, D. C., has assumed serious proportions, more than 300 cases having been reported since July 1. The new filtration plant is now in operation, and it is to be hoped that the conditions may soon be thoroughly under control.

## THE TREATMENT OF YELLOW FEVER.

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*An address before the physicians of New Orleans, by request  
July 29, 1905.*

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BY JOSEPH HOLT, M. D., OF NEW ORLEANS, LA.

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IN the course of my remarks on the treatment of yellow fever, I mention to you now that, for clearer illustration, I may use mixed metaphor, and, if so, you will know that it is intentional, and no apology necessary.

This subject is one that may be briefly epitomized or hugely extended. It may be condensed into a very small brochure or expanded voluminously, according to literary proclivity. One may have much to say in little, or little in much. As for myself, I can better respond to your wish by repeating, while fresh in mind, and with some enlargement, my reply to a young physician a few evenings since, who propounded these questions: "Doctor, please tell me, do you give quinine in yellow fever? and what do you consider the best treatment of the disease?"

My esteemed young friend, you are just entering the gateway of experience, and I hope you may find wisdom without paying overdear for its possession. As to quinine in yellow fever, I ask why, what has suggested it?

"Well, Dr. Osler advises it."

Yes, my dear boy, and he further tells us that neither emetics nor purgatives are now employed, and when hemorrhage sets in, to use perchloride of iron, all of which is enough to make a New Orleans physician collapse in fatal syncope. Let Dr. Osler pursue this course in Baltimore, where they have inhabitants, perhaps, overcrowded and to spare, but to advise it as permissible in New Orleans, he merely declares to us that he has passed his forty mark by many decades, and for the sake of his yellow fever patients should have been chloroformed long ago. We send him a counter recommendation in the Kibby cot and ice water affusion. They will surely settle the business for Baltimore.

No sir! After your initial and preparatory measures give no drug, and least of all, a nauseous one, when you know that the stomach already is moving on in dreadful haste in the direction of a supreme crisis, a disorganizing and hemorrhagic congestion, whose terminal may be black vomit and speedy death. Why do you speak of quinine, knowing that you are dealing with a poison possessed of the putrefactive virulence, invoking a like universal sepsis, a liquifying spoliation of the blood and hemorrhages, with rapid tissue changes and softening of the fatty degenerative series, such as characterize also the venom of the fer-de-lance, and both alike touching the life of all the blood corruptibly? Did it ever flash into your mind, young gentleman, the close geographical kinship between yellow fever and the family crotalidæ, represented in the fer-de-lance, the moccasin, and the rattle-snake? Of course it is coincident, but is more than merely coincident. I call it a geographically localized creative tendency; as witness, China: all things yellow, and one pervasive, absolutely unique odor, and numerous, even more, striking evidences of such like qualitative kinships in nature, geographically limited.

As to what we shall give in yellow fever, let me cover a wide field in a few words. But let me say to you right here, that your duty is in behalf of your patient first, and to the protection of your people second, and not to the furtherance of pharmaceutical inquiry. In responding to this dual duty, you must have the backing of your own strong integrity; of a courageous manhood; and conduct yourself so clearly in your high office that you may command unquestioning confidence in the face of any trial. Quail not under a covert threat. Far better to forfeit your life in a glorious martyrdom for truth, than to have your people cry out in their distress, like Job, rising in his affliction, "But ye are forgers of lies, ye are all physicians of no value."

Concerning treatment, I tell you now that every known energy and substance, excepting, to date, the X-ray and radium, have been ransacked in the quest of a specific; and in that particular we are to-day where we were one hundred years ago.

In assuming the care of a case of yellow fever, the physician

must have clearly defined a mental picture of the four stages of the disease, shading one into the other, in progressive unfolding; recognizing and interpreting each in the succession of symptoms. To do this makes the skilled diagnostician, and without it there is no such thing as a masterful, a safe and judicious treatment. Right here lies the difference between the trustworthy yellow fever physician, and the wholly unreliable physician, because not skilled in this bedside interpretation: so the whole question rests finally on this power. From observation, I will boldly say that, the most dangerous allies of yellow fever, excepting, of course, first and always, the man who chooses not to recognize the first cases when he sees them glaringly, and suppresses information of the first sparks of pestilence, from motives of cowardice, or his own little rascally preferment — next to him, but far less criminal is the charlatan and blatant ignoramus, with diploma or not; close behind is the educated physician, long in practice outside the yellow fever zone, simply because he brings his accumulated experience to bear in confident assurance in the one, lone, absolutely unique malady, the most mysterious on the planet. With a big heart and a generous, helping hand, a complete and sacrificial offering of self, he plunges into the treatment of an infection that holds its destructive sway in the unseen world of matter, in its operation, the analogue of the rattlesnake among things visible. Named by its nature, it should be called *Noli me tangere*, and no such dignified, warning name, misapplied to a chronic ulcer.

In every variegated diamond, in the triangular, square-jawed head and sulken eye, you see in the rattler written all over by the hand of nature, *Noli me tangere*, and so in the outward signs and inward working of yellow fever. "Provoke me, if you dare! I hold this patient, and in me is the issue of life and death: hands off."

In the symptomatic movement through its stages we note the chill, speedily followed by a fever of variable intensity and duration, let us say from twenty-four to seventy-two hours, declining abruptly or gradually into a listless stage of intermission or of marked remission. This is the treacherous vortex calm

following the storm of primary assault of the true poison itself. This calm may be final in death or convalescence; but usually on the third, fourth, or fifth day comes the secondary storm, from a new direction, and due to septic and other toxic consequences, and the enormous obstruction accumulation of tissue debris. The successful elimination of these secondary toxins introduces the last stage, convalescence; its failure means death.

Simply recognizing the composite detail of this picture: the gathering storm, the approaching crisis in destructive congestions and probable hemorrhages; the universal degenerative changes; oftentimes localized inflammations; and always the obstructive tissue wreckage, this picture before your eyes, the treatment of the disease suggests itself.

First, last, and all the time, your defensive cry is, Elimination! That one word, and gentle ministrations in hygienic care, covers, with rare exception, the whole field of your ability; "for whatsoever is more than these cometh of evil." A firm self-control, and a strict interpretation of symptomatic evidence, is your panoply in the fight.

To have a strong or reasonable hope of success, the treatment must begin early; certainly within the first twenty hours. Later than that, the precious time is forfeited.

Your initial step is elimination without irritation. According to age, physique, and urgency, from five to fifteen grains of calomel, but no bicarbonate of soda, given preferably in a teaspoonful of fine ice. Four hours later, a full dose of an active, but mild purgative, such as the stomach is most likely to bear: no pills. The old-time infusion of senna, manna, and salts, or a full dose of castor oil, made as agreeable as possible, or an active saline water. This may be supplemented by a large enema if not unduly exciting to the patient. Where the stomach is gorged with a recent meal or things hard of digestion, empty quickly with an emetic, first thing. When the stomach has been cleared and the bowels freely relieved of their entire contents, you have reached your limit of vigorous medication; and like Paul in the tempestuous Euroclydon: "When the ship was caught and could not bear up into the wind, we let her drive."

Go on favoring elimination, and your safe friend is water, cool or cold, plain so, or any modification, as a light lemonade, Apollinaris, Vichy, the light, pure fruit juice additions, or Buffalo Lithia *ad libitum*. For high fever, a large bowl of warm water and free wet toweling of the body; but never ice or anything cold applied externally. The guarded icebag to the hemorrhagic stomach is the only exception. To further aid in control of high fever, small one or two grain doses of phenacetin or acetanilid, or such like according to preference, may be given and repeated in two hours if required. Invoke only the gentle effect. Everything gentle and non-irritant in all that you do. Comfort is itself a powerful remedy.

The calm stage calls for absolute rest. A little Ducros' Elixir, with ice or water, if acceptable, or panopepton and water if preferred. The use of a small, soft catheter is sometimes imperative; watch for retention.

In the fourth, fifth, or sixth day we reach a danger line in the resumption of nourishment. The state of the stomach and its ability to bear must be our guide. Until the red-edged and pointed tongue and the oral mucous membrane and gums have paled from their appearance of acute erythema, you must proceed with exceeding caution in nourishing your patient; a little haste in premature feeding, giving too much or too rich, or any kind of solid, may readily irritate and rush an otherwise well-progressing case into gastric hemorrhage and into uncontrollable recurrent fever, or the tornado from another quadrant, let me rather say. For such hemorrhage, actual or threatened, I give ice freely, sometimes with an eighth or twelfth of a grain of cocaine hydrochlorate. Here I use ice as a poultice over the stomach, carefully guarding against excessive refrigeration by one, two, or three thicknesses of flannel or towel between icebag and skin. Iced champagne is sometimes grateful, but often soon tired of; Ducros' Elixir is generally liked better, panopepton or sometimes a little weak, very fine brandy.

As the evidences of acute inflammatory action subside, begin with three or four teaspoonfuls of iced milk with one fourth of lime water, or milk and Vichy half and half. Repeat in an hour

or two, and the next day increase the quantity; alternate with a delicately prepared chicken broth cooked with a little rice or barley, strained out. Then go on and nourish as you would a mild or desperate case of typhoid fever. I allow no preparation of beef. No fresh meat the balance of the season.

The secondary fever on the third or fourth day means obstructed elimination, usually intestinal; and calls for a very gentle but thorough purgative, aided by mild enemata.

Depression of pulse below fifty calls for strychnia, one thirtieth to sixtieth of a grain, hypodermically, but not always so, and repeated according to your judgment.

Be cautious with alcoholic stimulation, knowing the fatty changes in the liver, the acute and sub-acute inflammation of the gastro-intestinal tract. Alcoholic subjects generally die; big meat eaters close behind.

Concerning the kidneys pathologically, you know that they, too, are in a state of profound degeneration, and with such epithelial disintegration and the crowding of tubules with toxin and combustion products, you are not surprised at the interference and often complete annihilation of function, the uremic convulsions and death.

This condition plainly tells you to refrain from drugs, in the hope of forcing function. They simply will not functionate under your rude command. Be persuasive; keep the bowels freely opened, and remember that water is your kindest friend. A light, cold whey with seltzer or Vichy does double work in nourishing and elimination.

The number of things given and done more than this are, in the face of this pathology, irrational, fussy, and often harmful. In using them you must confessedly say you do not really and sincerely know what you are about. I am not talking about your notions and a case you once saw recover; our case has reached a climax, for better or for worse, and drugs are not going to solve it.

Now, dear fellow, this is all I have to say. Professional tact and experience will fill in the finer touches of detail. If you will do just a few things with masterful precision and self-

restraint, and patiently watch with hopeful expectation and a fair confidence in the regenerating power of nature, you will have done all that you ought to have done; and will have left undone the things you ought not to have done, and wisdom is justified in her son.

Now go to bed, my boy, and think about all this to-morrow, which, by the way, is Sunday. Good-night.

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## *Records, Recollections and Reminiscences.*

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### ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY.

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*The Eighth Annual Meeting, Continued from the September Number.*

#### SECOND DAY — AFTERNOON SESSION.

The Association was called to order by the President at 3 o'clock P. M.

Dr. Keller: I presume the first order of business is to report the result of the meeting of the Executive Committee. The Executive Committee in its meeting at noon determined to offer the following list of names as officers of the Association for the coming year: For President, Dr. C. H. Todd, of Owensboro, Ky.; for First Vice-President, Dr. J. D. Elliott, of New Orleans, La.; for Second Vice-President, Dr. C. A. Brock, Va.; for Third Vice-President, Dr. J. M. Fry, of Texas; for Fourth Vice-President, Dr. J. W. Steger, of Alabama; for Secretary-Treasurer the incumbent, Dr. Deering J. Roberts. Is it the pleasure of the President that we shall take up these singly, or shall we let them go collectively?

The President: What is the sense of the Association?

A member: I move that the report of the Committee on Nominations be concurred in unanimously.

This motion was duly seconded and carried.

Dr. Keller: Having finished that part of our business, I dislike to call up some business that was transacted here, I understand, yesterday morning, in my absence, but I do so. A year ago at Nashville I offered a resolution, which passed without dissent, adopting as the badge of the Confederate Surgeons' Association a single star—a plain gold star of small dimension, with the letters "C. S. A." Confederate Surgeons' Association. That was adopted. After the adjournment of the meeting it was left to Dr. Plunket to see what they could be procured for, with no other power given to that committee other than to arrange the price and purchase them. After the adjournment of that meeting that committee saw fit to entirely change this badge, and to put this button in the place of it, and I understand that the change was confirmed or approved here yesterday. I appeal to you and to the members of the Association to know if it was correct for any committee, not vested with that power, to make any change in that badge.

A Voice: No, it was not.

Dr. Keller: Then I move that this button be repudiated.

The President: You would have to rescind the former action adopting it. It seems to me the whole thing would hinge upon the records of last year's meeting of the Association.

Dr. Rowan: If this action was taken by the Executive Committee without authority, I take it there is no need of reconsideration, because a reconsideration of a thing would be acknowledging the fact that it had been passed. If it was out of order, it could be so declared and the button ignored.

Dr. Keller: Mr. President, you were present at the adjournment of the last year's meeting, and I appeal to you to know if that star was not adopted as the badge to be used?

The President: I tried to recollect that, but my recollection is not definite. I know there was a good deal said about it, and the star idea seemed to be favored.

Dr. Keller: So far did it go that I took the button from my collar and handed it around, and it was adopted with a unanim-

ity of vote, and by what right Dr. Plunket changed it, I don't know.

Dr. Steger: It seems to me that this question ought to be settled now, whether the button or the star shall be used. If I understand it, the proceeds from the sale of this badge, whatever it may be, a star or a button, will be used to defray our expenses. If it comes to a standstill, the button will not be sold, and neither will the star be sold, and we will lose that revenue. It seems to me it ought to be settled now.

Dr. Lyon: I don't want to be unparliamentary, but the matter was very thoroughly discussed, and it was the unanimous consent at the meeting at Nashville that that button should be a star, with "C. S. A." on it, and that was unanimous, and there has been no authority for any man on the earth to make a change in it. This thing that we have here is not what we ordered at all. It does not mean anything at all. You could not tell it from one of these Federal buttons at a distance of ten feet. We want it distinctive.

Dr. Rowan: I think it would be in order to have a committee to investigate this. I make a motion, for the sake of discussion, that a committee of three be appointed to investigate the facts relative to this button.

Dr. Keller: To report when?

Dr. Rowan: At once, if possible.

The President: Secretary Roberts is here. What is the record with regard to this button?

Secretary Roberts: A committee was appointed at Nashville last year with authority to act and adopt a button. Of that committee James D. Plunket was Chairman, and he made a design of a button, which was accepted yesterday morning by the Association.

Dr. Keller: Dr. James D. Plunket was the only one on the committee, and he was instructed to take the pattern that I gave him.

Secretary Roberts: I will get the record and show you. The record shows simply this: Dr. Keller moved that a badge be adopted, a small plain gold star, with the letters "C. S. A." on

it, which every member and associate member shall be entitled to wear. Seconded and carried. Dr. Keller made a motion that Dr. Plunket be made a committee of one to investigate and purchase this badge. Seconded, carried. Dr. Tichenor made a motion that the button be copyrighted. Seconded and carried. Adjourned to meet at 1:30 P. M. next day. Let me turn over to the next day.

The Association appointed Dr. Plunket a committee to select, with the Secretary, a badge or button which shall be adopted and referred to the Association of the meeting next year, which shall be accepted as the button of this Association.

Dr. Fitch: To get at this question, I want to offer this resolution: *Be it Resolved*, That this Society of medical officers of the army and navy adopted a star as the button at the City of Nashville, and that the committee has reported the adoption of a button not in accordance with the meeting in Nashville, we therefore rescind the action of yesterday, and adopt the star as the badge and button as it was at first designed.

The President: I doubt the propriety of rescinding the action when you can accomplish the same thing by reconsidering.

Dr. Keller: There is no one here that voted for it yesterday as it came up. Do you recollect that there were any other votes than that of the mover of it and the man who seconded it?

The President: There were several votes for it. Nobody raised any objections to it.

Secretary Roberts: Your committee has entered into a contract with a jewelry company in Nashville to furnish these buttons.

Dr. Keller: How many did you contract for?

Secretary Roberts: I gave them the names of six hundred members. About one hundred and fifty or two hundred are at this meeting.

Dr. Keller: At what price?

Secretary Roberts: Fifty cents is what they furnish them for.

Dr. Keller: The resolution passed in Nashville says a gold star.

Secretary Roberts: That was reconsidered on the second day, and it was placed in the hands of Dr. Plunket. Dr. Plunket is not here.

Dr. Keller: Your own records do not show that it was reconsidered.

Secretary Roberts: I only have that from Dr. Plunket's own statement. Unfortunately I was not at the Nashville meeting. He was acting Secretary then, and he gave it to me that he was furnished with plenary powers to select and adopt a button.

Dr. Lyon: I think this is a most unfortunate affair. If there is anything I dislike, it is a want of harmony in a body of gentlemen associated as we are. We cannot afford it. We must not suffer that little button to bring it up. We don't want this button. There is nothing in it. It signifies nothing on God's earth. Now, Mr. President, I move, Sir, in view of this whole subject, that you appoint a committee of two to take this matter under consideration, to report at our next meeting. Let us relegate it to this committee and think no more of it. I offer that motion, if I can get a second to it, that you appoint a committee of two.

Secretary Roberts: I second the motion.

This motion was duly carried.

The President: I will think about that committee, and try to appoint some one who will attend to it. The hour has arrived for the reading of that paper.

The paper of Dr. Tebault was then presented by Dr. Todd.

Dr. Todd: This is a very voluminous paper, and I believe it is going to be published in the secular press to-night or to-morrow.

Dr. Cowan: I think we ought to endorse it now, and I move we read that paper by title. It is going to be published, and we can all get it. I make this motion, not out of any disrespect to Dr. Tebault, because I have always honored him highly.

Dr. Steger: I think any paper that goes to the press ought to be read. I think it would be doing us an injustice to publish any paper without reading it before the Association. I move, therefore, that we have the paper read.

A Member: I second Dr. Cowan's motion.

This motion, being taken by a rising vote, was declared carried.

On motion Dr. Todd then gave a very brief synopsis of the paper, and said: This paper will be preserved through the press, where it will go to the families of the people as emanating from the medical department of the Confederate Veterans.

Secretary Roberts: This paper does not belong to our records. I move it be referred to Mr. Cunningham, of the *Confederate Veteran*.

The President: We have already taken action on that.

Dr. Keller: What was the action we took?

The President: The motion was that it should be published — read by title and published.

Secretary Roberts: Where?

The President: The secular press was stated.

Dr. Keller: I think the editor of the *Confederate Veteran* would be very anxious to get hold of that paper.

Dr. Steger: The intention of that paper, it seems to me, so far as we are concerned, ought to be to show what effect the imprisonment and the treatment of Mr. Davis all the way through had on his health. Further than that, that paper does not properly belong to this Association. I think it would be useless for us to attempt to review all these matters, that should be discussed in the Senate of the United States. I think we will be doing ourselves an injustice to publish that paper unless we can endorse it as a part of the regular proceedings of this Association. We are in the city of Louisville, where public opinion is divided; and we are the guests of this people, and they are entertaining us hospitably; and for us to open this question at this day with such a paper as that is supposed to be, and let it go out to the world when we don't know what it is, will be doing ourselves a gross injustice. If it is published at all, let it be published as a matter of war history in the only journal, as the Secretary says, that is keeping a record of all these matters for the future historian. I think the only thing that can be done is to have it read — certainly not to let it go to the world with our endorsement when we don't know what it contains.

Dr. Keller: I voted for the motion to refer it to a committee, but I desire to move a reconsideration of that matter. Dr. Steger has made some very strong points indeed.

A Member: I second the motion to reconsider.

The President: Those in favor of a reconsideration of the motion say aye.

This motion duly carried.

Dr. Keller: I do not mean any disrespect to Dr. Tebault, but I think it would be proper to say to him that the paper came too late to be read, and that we referred it to him and ask him to have it published as he sees fit.

This motion was duly seconded.

Secretary Roberts: The *Courier Journal* wants this paper, and it more properly belongs to them. It does not belong to us.

Dr. Steger: I differ with the gentleman. The *Courier Journal* has nothing to do with that paper. It belongs to this Association, and we have to make some disposition of it. If the author had been here, it would have been read in this presence. I will make a motion to the effect that it be turned over to Mr. Cunningham to publish any or all of it, as he may see proper, in the *Confederate Veteran*.

Dr. Keller: My motion was to return it with our thanks to Dr. Tebault, telling him that it reached us too late to be read, and with the request that he can take any steps he pleases to give it all publicity.

Dr. Rowan: My idea is that we should refer this paper to a committee, that they may read this paper in behalf of this Association, and then communicate with Dr. Tebault and know whether it is his wish and will that this paper should go before the public. Now, I will tell you, and I want to be plain. I am disgusted, and have been for the last forty years, with all this sentimentality in regard to certain things. We are here as Veterans in this Medical Association, and we are holding these meetings to make history and to bring the facts out in regard to this great cause that we have represented, and I am disgusted when a man gets up here and says that to tell the truth and let the truth come out in regard to the imprisonment and punishment inflicted upon

Jefferson Davis, let it go before the world that the world may know the facts and truth, will hurt somebody's feelings. Whose feelings should be hurt by the truth? Truth will stand though the heavens fall, and I want this paper to go before the public.

Dr. Steger: I should like to know very much if it has been the custom of this Association to hand to the secular press its proceedings? I think this is the first instance in which it has been proposed that we shall do that. There is not a schoolboy ten years old that does not know everything that is supposed to be set forth in that paper. We are here for a special purpose; we are here to perform a certain duty as medical officers of the army and navy of the Confederacy, and when we get outside of that, we should no longer claim the respect of the world. I move, therefore, in lieu of the resolution of Dr. Keller, that this paper be offered to Mr. Cunningham to publish any or all of it, as may seem proper to him.

A Member: Did I understand you to say that previous to to-day the *Courier Journal* has had control of this?

Secretary Roberts: No; the paper is here.

Dr. Lyon: In regard to the duty of this body to make history, I am prepared to acknowledge that to a certain extent that is true, but this is a body of medical men who are presumed to create history along their particular line of business, as they saw it, from 1860 to 1865. It is not a question of sentimentality; it is not a question of propriety, in my judgment. This is old straw that has been threshed over a thousand times, and as some one has said, there is scarcely a school child in the Southern States who is not familiar with all the facts that this paper probably contains; and in reference to that paper, and in reference to the speech of Dr. Malone this morning, I will say this, that I would like to see the facts of history, as proclaimed this morning by Dr. Malone, and the facts of history as probably embodied in that paper, put into the school histories of every Southern State in the Union, but I don't think this particular organization can properly discuss such questions.

Dr. Rowan: I would like to refer the last speaker and other speakers that have expressed themselves to Dr. Chaille's address

in New Orleans two years ago at the Confederate Reunion of the surgeons of the army and navy. It not only embodied medical facts, but it embodied the political facts underlying this whole question relative to the South. Let the truth come out, and if it hurts anybody's feelings, let it hurt. I say this paper ought to be referred to a committee, and you can put some of these conservatives on, and let that paper be considered, and then, if necessary, communicate with the author of it and publish it everywhere, if you want to.

The President: I believe there is a substitute offered by Dr. Steger.

Dr. Steger: I withdraw that. I have no disposition to quibble over these affairs; all I want is practical, sensible action.

The President: I believe the best thing would be to refer this to a committee to read the paper and do what they think is best.

Dr. Keller: That was the motion I made, I think — to refer it to a committee who could then refer it with thanks to the doctor, or publish it, as they see fit.

This motion was duly carried.

Dr. Keller: I am the mover of that resolution, but I shall be so far separated from any other members of the committee that you put on, that it will be impossible to communicate, and I hope in appointing the committee you will put on it men who are closer together and leave me off the committee. I ask that simply as a privilege.

The President: It is hard to get three committeemen very close together. I think of making Dr. Steger a member of that committee, and Dr. Lyon, and Dr. Rowan.

Dr. Cowan: I move the President be added to that committee.

This motion was duly seconded and adopted.

The President: It will be a committee of four then. Anything further before the Association?

Secretary Roberts: I would like a report from the committee on the Secretary's report.

Dr. Keller: The Secretary's report was before the committee,

and they examined and endorsed it, and the President approved it. Now, our expenses are more than our income, a good deal, and in talking with Dr. Roberts he very kindly stated he would endeavor to make the expenses come within the limit of our revenue.

The President: Is there anything further to bring before the Association?

Secretary Roberts: I have some letters I would like to read. They are in regard to members who were not able to be here.

The President: It seems to me it is rather late to read those now.

Dr. Keller: I move that the new officers now be inducted into their respective places, and then we adjourn.

The President: I appoint Drs. Keller and Cowan to induct the President-elect to his position.

The newly elected officers were then conducted to the platform by the gentlemen just referred to, and presented to the Association.

Dr. Todd: *Mr. President and Comrades*, I am profoundly grateful and appreciative of the high honor you have conferred upon me. I esteem it the highest honor that can be conferred upon a Confederate surgeon to be President of the Medical Association of Surgeons of the Army and Navy of the Confederacy, and I shall give the best of my efforts and ability to the enforcement of the duties of the office. I thank you again, Gentlemen.

Dr. Keller: In order to expedite publication of the Tebault paper, I move that you instruct or request that committee to meet this afternoon or to-night, if possible. They are empowered now to do as they please with it, but it would be well enough for them to let this go into the records as soon as possible, and if they do find that it is suitable to go in the secular press, I am satisfied that the *Courier Journal* will publish it.

This motion was duly seconded and carried.

Dr. Steger: I insist that we cannot within a short time discuss the merits of that paper sufficiently to determine whether we shall give it to the secular press or not. That is something we have never done, and it may be setting a precedent when we

do it; and it seems to me it should come back to this body and let them discuss that matter. If you are going to open the door and give our papers to the secular press, I think we might as well disband.

Dr. Keller: I move that we adjourn.

This motion was duly seconded and carried, and the Association adjourned.

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THIRD DAY — FRIDAY, JUNE 16, 1905.

The Association was called to order at 9 A. M. by the newly elected president, Dr. C. H. Todd, Dr. A. A. Lyon, of Nashville, acting as Secretary in the absence of Dr. Roberts.

Prayer was offered by Rev. B. M. Messick, of the M. E. Church South.

The President then called for unfinished business, reports of committees, or reports of cases.

Dr. A. A. Lyon, of Nashville, then read a paper on "Compound Comminuted Fracture of the Femur—a Triumph of Conservative Surgery."

Dr. J. R. Buist, in discussing the subject, reported a number of gun-shot and other wounds coming under his care while with the Army of Tennessee, many of them of most severe character, upon which no radical operation had been done. Among them were fracture of the humerus, tibia, and fibula, and one shot through the temples, destroying sight. There was no antiseptic in that day, and he desired to emphasize the fact that such good results were due to treating these wounds in the open air, they doing much better even than in private houses.

Dr. J. C. Steger, chairman of committee to consider Dr. Tebault's paper, reported as follows:—

"We have read said paper, and have concluded it would best subserve its purposes by submitting it to the *Confederate Veteran* for publication of the whole or part of it."

The report was adopted, and the chairman authorized to make arrangements with the editor of the *Confederate Veteran* for its publication.

Dr. Hendon, of Louisville, was elected a Junior Member, and

on being introduced, made some remarks acknowledging the honor.

Dr. J. R. Buist, of Nashville, offered the following resolution, which was unanimously adopted:—

*"Resolved,* That the sincere and grateful thanks of this Association are hereby respectfully tendered to the citizens of Louisville for their elegant hospitalities; to the Medical Profession of said city for many courtesies and kind consideration; and to the Ladies of Louisville for the elaborate and tastefully arranged Luncheons each day graced by their presence, affording us a most agreeable and enjoyable meeting."

There being no further business, the Association adjourned *sine die*, to meet next year in the city of New Orleans, at the time of the Annual Reunion of the United Confederate Veterans.

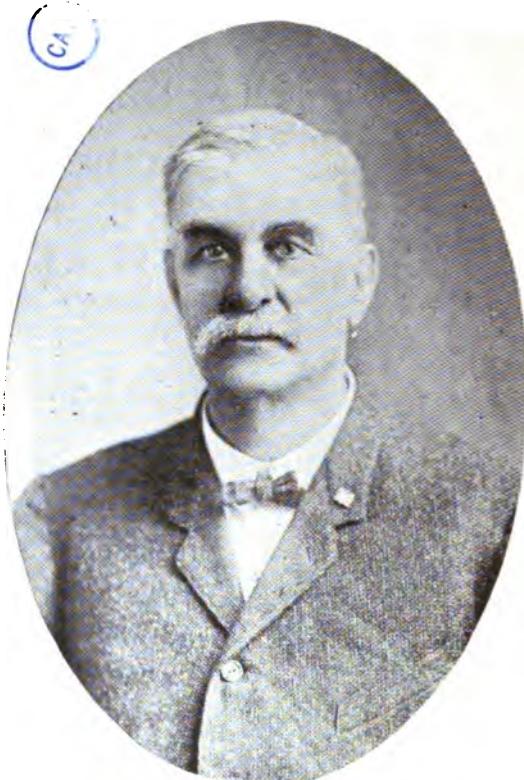
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#### CHARLES HENRY TODD, M. D., OWENSBORO, KY.

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BORN in Shelby County, Ky., Nov. 6, 1838. Educated at the B. B. Sayre School, Frankfort, Ky. Received the Degree of M. D. at the Medical Department of Tulane University, New Orleans, La., 1861. Entered Confederate State service as Assistant Surgeon, and was on duty at general hospitals at Manassas in 1861; subsequently on duty in general hospital at Liberty and Gordonsville, Va., until December, 1862, when he was assigned to duty (in charge) 6th Louisiana Regiment, Hays' Brigade, was promoted to surgeon of that regiment, and remained on duty with it until the battle of the Wilderness, May, 1864, when the two Louisiana brigades of Hays and Stafford were consolidated, when he was assigned to duty as surgeon of the 13th Virginia Infantry, same Division, and remained with it until the surrender at Appomattox. In July, 1864, he was left in charge of wounded at Frederick, Md., remaining in the Federal lines for three weeks, and was exchanged at Fortress Monroe, rejoining his command.

At the close of the war he settled at Owensboro, Ky., where



CHAS. H. TODD, M. D.,  
of Owensboro, Ky., President of the Association of Medical Officers of the  
Army and Navy of the Confederacy.



CHAS. H. TODD, M. D.,  
Surgeon 13th Louisiana Infantry, C. S. A.

he has since resided, actively engaged in the practice of medicine. He was First Vice-President of the Kentucky State Medical Society in 1876, and was elected President in 1878; Secretary of Owensboro Medical Society from 1868 to 1884, and President from 1888 to 1905; Secretary of the Daviess County Board of Health from 1892 to 1904, and elected President in 1905; Medical Referee of the State Board of Health (for Daviess County) from 1892 to 1905. He was a member of the Owensboro Medical Society; the Daviess County Medical Society; the Kentucky State Medical Society; and the Association of Medical Officers of the Army and Navy of the Confederacy. He was Surgeon C. S. A.; Kentucky Delegate to Chicago World's Fair, 1893; Kentucky Commissioner to the Tennessee Centennial, Nashville, 1897; President Daviess County Confederate Association from 1888 to 1898; Commander Rice E. Grove's Camp U. C. V. from 1898 to 1905; Surgeon Second Brigade Kentucky Division U. C. V. from 1898 to 1905; and appointed Surgeon-General U. C. V., Gen. Steven D. Lee's Staff, 1900 to 1905.

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## *Editorial.*

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### YELLOW FEVER

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THE favorable view and optimistic opinion expressed in this journal last month has been fully sustained by the further progress of events. The month of September has, as a rule in all previous experiences, been the most unfavorable, and the expectation of marked increase in both cases and death rate has not been realized. We gave the figures August 15, ult., of 1018 cases, and 166 deaths as occurring in New Orleans; the total at this writing (September 21) being 2689 cases and 351 deaths. On Monday, September 11, not a single death. The low death rate all along has been a peculiar feature, and whether owing to better methods of treatment or milder infection has not yet been determined, however, we may confidently express the hope that it has been at least partly, if not largely, due to more rational therapeutic details. One other point we desire to make here, and that is, this low death rate would have been even lower had it not been for the insane, or rather ignorant, opinion

that so often prevailed, occasioning the concealment of cases; this also aided very materially indeed in the increase in the number of cases.

While the epidemic is not yet at an end in New Orleans, nor may it entirely cease until good Jack Frost puts in his appearance and as of yore issues the edict so promptly obeyed in the past by the Mrs. Stegomysia Fasciata—"Thus far shalt thou go, and no farther," yet we can say that the worst is over, and as in conflagrations, there may be a smouldering of the embers, a little fanning bringing out a blaze here and there, it is now "under control."

There has been a continued spread in the rural districts and in some of the small towns and villages of Louisiana and Mississippi, but these are gradually diminishing, and in one, Leesville, where it was perhaps most virulent, it has entirely subsided.

A few cases, the infection not from New Orleans or any of the foci thence derived, have occurred at Pensacola, Fla., but under the measures of prevention now in force, there has been no spread. There have been a number of infected points in Louisiana and Mississippi, but in every instance when prompt measures were instituted, the progress was arrested. In some, proper efforts were delayed, notably at Tallulah, La., but here, although the progress assumed an alarming appearance, the volunteer services of Dr. Chassaignac, aided by the Public Health and Marine Hospital Service, has had most marked results.

During all this time the city of Nashville has kept her doors wide open, welcoming all refugees. Our local Board of Health would not assume the responsibility of endorsing this procedure; in fact opposed it, however, the two commercial organizations and the mass of our citizens, sustained it heartily and without the least reluctance. The cities of Memphis and Chattanooga, very properly, like "burnt children dreading the fire," instigated and efficaciously maintained a rigid and strict quarantine.

One case, showing up at Atlanta, Ga., resulted in diverse views on the part of the citizens and local health board on the one side, and the State Board of Health on the other. Just how they have, or will, settle their differences we have not yet learned.

Only a few days ago, a number of refugees, some were ill at the time, made their entrance into Cincinnati. The authorities there very properly, promptly took charge of the sick, and have issued a very proper requirement, viz.: "*That all persons coming from infected districts should at once report to the City Board of Health, and report in person each day until properly excused by the health authorities.*" This is proper, this is practical, and will answer far better than any shot-gun quarantine. This will answer for Cincinnati, it will answer for Nashville, or it will for Memphis, and the entire western portion of this State, for Chattanooga, for Atlanta, Ga.; for Birmingham, Montgomery, and Mobile, Ala.; for

Jackson, Meridian, or Vicksburg, Miss.; for Galveston, Houston, or Dallas, Texas; and will likewise do as well for New Orleans and Pensacola in the years to come. Yes, keep every one coming from an infected locality under daily inspection until the term of incubation is past. If during that period *fever of any kind* develops, see that Mrs. Stegomyia is not permitted to call. Don't wait until you make a diagnosis as to the kind of fever, for it may then be too late, but if all patients with any kind of fever coming from an infected place are *barred* from mosquitoes for as much as five days, yellow fever will give no trouble. Scientific observation has demonstrated this.

This method of observation, taking charge of the first cases, will not only serve in yellow fever infection from the Gulf, but hold good as to cholera invading our Atlantic coast ports, or bubonic plague making its entrance through the Golden Gate or other Pacific ports.

Here is work mapped out for National, State, and municipal or local sanitary officials. The first, if properly organized as it should be, given that recognition that its importance demands, made a Department of the National Government, with like powers and authority in its proper domain, with a head and subordinate officials as the Department of State, War, Navy, Interior, or Commerce, it can with Argus eyes keep watch and ward over the entire boundary as neither State nor municipal sanitary officials can, as well as with its winged messengers, coursing with the speed of the lightning's flash, keep the two latter well advised of the points of threatened danger. The State health authorities will have their duties to perform, which cannot be discharged by national or municipal forces, it can verify and regulate the action of the municipal and local officials, and if need be, together with the National Department of Public Health in men, money, and measures give aid and assistance to the Municipal Sanitarians. The municipal and local sanitarians will find an ample field for their most strenuous efforts in local sanitation, and local operations that can be done by them and them alone.

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#### MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

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THE thirty-first annual meeting will be held in Indianapolis, Ind., Oct. 10, 11, and 12, inst., headquarters at the Claypool Hotel; place of meeting—German House. The president is Dr. Bransford Lewis, of St. Louis; the secretary, Dr. Henry E. Tuley, of Louisville, Ky. Reduced rates on railroad and at hotel.

The preliminary program shows a very interesting series of papers by leading and representative physicians, surgeons, and specialists.

The annual addresses will be delivered by Dr. Arthur R. Edwards, of Chicago, and Dr. W. D. Haggard, of Nashville.

Dr. Edwards has chosen for the subject of his address, "Certain Phases of Uremia, Their Diagnosis and Treatment;" and Dr. Haggard will discuss in his address, "The Present Status of Surgery of the Stomach." In addition to these addresses there will be the annual address of the president, Dr. Bransford Lewis, of St. Louis.

A cordial invitation is extended to every physician in the valley to attend this meeting, for which arrangements of an attractive character have been made, and a most enjoyable occasion is assured.

#### "REAPING WHERE THEY DID NOT SOW."

THE *New England Medical Monthly*, in a recent editorial stating that much confusion has arisen over the similarity as pronounced of *Glycozone* and *Liquozone*, gives the following incident:—

"The name 'Liquozone' is confusing druggists and even doctors with another legitimate preparation, 'Glycozone,' to such an extent, that in March last the editor of the *New England Medical Monthly* called at a drug store in Mount Clemens, Mich., asking for a bottle of Glycozone, when the clerk turned around and supplied him with a bottle of Liquozone.

"Upon my remark that I did not ask for a bottle of Liquozone but for a bottle of Glycozone, spelling the name at the same time, he apologized, stating that he understood that I wanted a bottle of Liquozone.

"This instance shows plainly that the confusion which has been created not only on account of the fallacious claims but also on account of the sounding of the two names 'Liquozone' and 'Glycozone,' which is practically the same, is misleading to the limit."

The editor of a nearer neighbor, the *Louisville Medical Monthly*, reports a similar incident occurring to him at Atlantic City quite recently. Having sent to a drug store—said to be a first-class one—for a bottle of Glycozone (Marchand's), he received a bottle of Liquozone, so extensively advertised in the columns of the daily press.

Our readers all know, many if not all having satisfactorily to themselves and their patients tried Marchand's Glycozone. The following analysis officially made by the San Francisco Board of Health shows just what Liquozone is:—

Reaction .....	Strongly Acid
Specific Gravity .....	1.0083
Non-volatile Material at 100 degrees C. ....	1.31 per cent.
Water at 100 degrees C. ....	98.69 per cent.
Ash .....	.024 per cent.
Sulphurous Acid .....	.192 per cent.

Sulphuric Acid ..... .988 per cent.  
 Formaldehyde ..... Traces  
 Contains no Oxygen or Ozone.

The following concluding paragraphs we quote from the Official Report to the San Francisco Board of Health, made by D. F. Ragan, M. D., Health Officer:—

... "Its use, therefore, as an internal medicament, is prejudicial to the individual health, and its use to any extent in a community, in the same manner, is prejudicial to the public health.

"I therefore recommend that it be condemned by the Commissioners of Health, as a pernicious and unsafe drug. It may be used as a disinfectant for drains, urinals, stables, etc., and probably no objection could be urged against its external use by an individual, say to exterminate barber's itch.

"I therefore recommend that the same action be taken in respect to this deleterious drug as is prosecuted by your Honorable Commission in the case of impure foods, viz.: that the Police Department and our Department act conjointly to have it removed from the shelves of all dealers handling this drug, and that the selling, exposing for sale, or giving away of Liquozone, in the city and county of San Francisco, constitute an offense, the violation of which will be followed by arrest of the offenders."

Analyses very similar in results to the above have been made by H. Endeman, Ph. D., and Chas. A. Doremus, M. D., Ph. D., of New York City; Chas. B. Gibson, of Chicago; Penniman & Browne, of Baltimore; A. H. Low, of Denver; F. A. Genth, Jr., of Philadelphia; Jno. C. Mims, of New Orleans, all chemists of national or local eminence, and who have made affidavit to their analyses. Also Jno. C. Thresh, M. D., D. De., F. I. C., of Chelmsford, London, has made an analysis with the following result: Free sulphuric acid, 0.666; free sulphur dioxide, 0.239; free hydrochloric acid, 0.102; organic matter with traces of iron, magnesium, and calcium, 0.035, and water, 98.958, in a total of 100 parts.

The following is extracted from an editorial in the *London Lancet* of May 13th ult.:—

"In response to a number of inquiries which have reached us from our readers as to the composition of 'Liquozone,' we may say that we have submitted a sample bought in the open market to our analytical department, and the result of the analysis shows that it is simply a weak solution of sulphurous acid gas. It contains, also, probably, as incidental impurities some free sulphuric acid, hydrochloric acid, traces of iron, and coloring matter. The total constituents other than water amounted to 1 per cent., the sulphur dioxide to 0.25 per cent. . . . The vaunted cure-all properties of liquozone are a snare and delusion."

In conclusion, we add the following from the *Medical Times and Hospital Gazette of London* for July 1, 1905:—

"Dr. Wynn Westcott, the Coroner for the Stoke Newington District, concluded on Monday last his inquiry into the circumstances attending the death of Constance Adelaide Sheppard, aged three years and ten months, and Dorothy May Sheppard, aged two, daughters of a tobacconist's assistant of Stoke Newington. The evidence given at the previous hearings, referred to in our issue of the 17th ult., showed that the father obtained a free bottle of Liquozone, and doses of half a teaspoonful were given to the children for several days. Both were taken ill and died. The jury returned the following verdict: 'The children died from exhaustion after vomiting and diarrhea, set up by taking Liquozone. We wish to add our deep sympathy with the parents, and also think that some representation should be made to the proper authorities to have some better supervision over these patent medicines.' In view of the facts, the jury could not have arrived at any other conclusion than that death was due to the nostrum, and it will be the duty of the Government to carry out the suggestion of the jury if the public are to be protected against the recurrence of such fatalities."

Verily, verily that do settle it!

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#### THE MEANING OF SUBSTITUTION TO THE PHYSICIAN.

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THE substitutor prescribes for your patient without regard to your reputation or the welfare of your patient, assuming that you do not know your business.

Why does he do it?—For illegitimate profit.

What are you going to do about it?

You lose your patient, but don't know why.

The substitutor is the man who sells your patient a gold brick. Your patient believes you did it.

The name of the physician who permits substitution on his prescription is E. Z. Mark, M. D.

The substitutor is the man without originality or initiative. He wants to degrade you. Will you permit it?

The substitutor is the man who sacrifices you and your patient to satisfy his avarice.

What are you going to do about that?

Ananias was an angel compared to the substitutor. He first stole money and then lied about it. Penalty—death. The substitutor steals your patient's money, his chance for life, and your reputation as well. His penalty—increased bank account.

## THE NASHVILLE MEDICAL SCHOOLS.

THE three excellent and well equipped medical colleges in this city are all ready for business, and in most excellent shape. The faculties remain almost the same as last year. Prof. Thos. L. Maddin, M. D., after a half-century in harness, has retired from the Medical Department of the University of Nashville, which is the only change there.

The venerable Thos. Menees, M. D., having "laid down life's burdens and its cares" had withdrawn from active work in the Vanderbilt University, Medical Department, and his death leaves no vacancy there.

In the Medical Department of the University of Tennessee the faculty remains as last year. The ravages by fire in their building just prior to the close of last session have all been thoroughly repaired, and some changes of material benefit have been made and the building is in far better condition than ever.

Students will bear in mind that the doors of Nashville are *wide open*, and there are no "Quarantine Regulations" whatever. Even though from an actual "Bronze John" focus you will be cordially welcome.

THE *Journal of the American Medical Association*, in a review of the "Protonuclein Therapy in Typhoid," says, "Protonuclein is indicated according to Latta in Typhoid, because it increases leucocytosis, and thus adds to the resisting power of the cell structure in overcoming disease. As soon as he suspects typhoid, without waiting to insure the diagnosis, he commences to give Protonuclein, usually giving large doses in the beginning, lessening the quantity until the system has responded to the treatment, two tablets every three hours being the usual dose, the patient taking no other food nor medicine for two hours. At the end of the first half hour of this period, 4 to 6 ounces or more of hot water are given, and thirty minutes later the dose of Protonuclein and then an hour allowed for absorption. In this way every three-hour period is divided into two parts, the first two hours devoted to Protonuclein and hot water, and the last one to feeding and whatever other treatment may be indicated. Frequently during the first twenty-four hours no benefit may be produced. The temperature and disturbing symptoms may increase. After that both will decline. The treatment is not an abortive treatment, still it is not unusual to have a patient better on the eighth or tenth day than would be the case with the old method at the end of the third week.

AMENORRHEA.—Where the suppression is the result of sudden mental or physical shock, exposure to excessive cold or dampness, change of climate, etc., the function can be restored with absolute certainty and celerity by the administration of a few capsules of Ergoapiol (Smith).

DYSMENORRHEA.—Whether neuralgic, membranous, congestive, inflammatory, obstructive, or ovarian in character, responds readily to the pain-relieving and flow-augmenting influences of this product. Ergoapiol (Smith) causes the menstrual flow to occur without discomfort, and brings the volume and duration to normal limits.

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MODERN THERAPEUTICS AND PHARMACY.—In speaking of ethical proprietaries, Dr. Hadra says: "I should be sorry, indeed, if the prejudices of any member of this society should so far overcome his better judgment as to banish all or most of these drugs from his practice without investigating their merits. So, if we desire a local antiphlogistic effect, and have to choose between the ancient, unsightly, unhygienic, and troublesome flax-seed poultice and the newer proprietary article called Antiphlogistine, a physician must needs be prejudiced, indeed, who will prefer the former . . . It may be a matter of theoretical indifference what preparation we prescribe, but it may be quite a different matter with the patient who has to use it for long periods. . . .

"Does it not strike you as somewhat incongruous that we alone of all professions and trades should rise up in arms against a co-ordinate branch which is continually striving to assist us in improving our therapeutic weapons? If we would take advantage of the opportunity offered to make intelligent selection of such preparations of drugs of reliable concerns as appeals to reason and common sense, those of us who do so will certainly have an advantage over those who do not."

As regards the refilling by the druggists of prescriptions of proprietary remedies he says: "If I am called to treat a sprain of the ankle, and find it necessary to order an antiphlogistic application, it would be just as easy for the patient to send to his druggist daily for more flax-seed meal or iodine, as it would be for him to order more cans of the more cleanly proprietary preparation, Antiphlogistine. A tonic or cough medicine, quinine mixture or capsule would share the same fate whether proprietary or extemporaneous. . . .

"If the intelligent use of the drugs mentioned is not injurious *per se*, why should we protect the laity against their use any more than against the employment of any other drugs? Would the committee advocate the abandonment of calomel, castor oil, mag. sulph., quinine, flax-seed meal, paregoric, laudanum, or carbolic acid because the laity can also go to the drug store and purchase these just as they can Cascara preparations, Phenacetin, Listerine, Antiphlogistine, etc.?"—*Extracts from an article in the Texas Medical Journal for March, 1905, by Frederick Hadra M. D., of San Antonio.*

WAYNE'S DIURETIC ELIXIR is the best and safest in the treatment of urinary calculus, gout, rheumatism, Bright's disease, diabetes, cystitis, hematuria, albuminuria, and vesical irritations generally. Dr. Chas. Kelly Gardner, of West Virginia, in a recent letter, writes: "I anticipate as positive results when administering it as I do from opium for pain or quinine for intermittents." It has been in constant use by the best physicians for twenty-two years. Try it, doctor. Allow no substitution. Prepared only by

WAYNE ELIXIR COMPANY.

238 East Fifth Street, Cincinnati, Ohio.

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CHEMICAL Food is a mixture of phosphoric acid and phosphates, the value of which physicians seem to have lost sight of to some extent, in the past few years. The Robinson-Pettet Co., to whose advertisement (on advertising page 17) we refer our readers, have placed upon the market a much improved form of this compound, "Robinson's Phosphoric Elixir." Its superiority consists in its uniform composition and high degree of palatability.

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FOR MORE CENTURIES than the history of man can trace, coca has been the necessary daily ration of the Andean Indians. It is to them a sustenance against hunger and thirst, a supporter of respiration in the rarefied air of high altitudes, a muscular tonic for heart and limb in the most trying labor, and withal their sole reliance in the maintenance of health, even of life itself, midst these combined trials. During all these years no authentic case of coca addiction has been known. For nearly half a century Vin Mariani—a preparation of true coca with nutrient Bordeaux wine—has been employed by the medical profession as a reliable support in convalescence or wasting disease. Like the parent leaf, no harm, and nothing but good, has ever come from its use.—*Coca Leaf, January, 1904.*

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DISINFECTION OF GENITO-URINARY TRACT.—In all cases where thorough disinfection of the genito-urinary tract is necessary, prescribe cystogen, in five-grain tablets, three or four times a day. This is especially indicated in gonorrhea in all stages, prostatitis, epididymitis, cystitis, etc.—*American Journal of Dermatology and Genito-Urinary Diseases.*

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THE preparations made by Robinson-Pettet Co. are endorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well-known manufacturing house. (See advertising page 17.)

**TONIC APHRODISIAC TABLETS (WAYNE).**—Formula: Phosphorus, Damiana, Ext. Nux Vomica, Saw Palmetto, and Ext. Coca, is a powerful brain, nerve, and sexual tonic..

Dr. J. R. Smith, Bunceton, Mo., in a recent letter, writes that he has treated a number of cases of sexual debility so successfully with Tonic Aphrodisiac Tablets that it has been the means of helping him greatly in his profession.

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**SAL HEPATICA.** The original effervescent saline laxative and uric acid solvent. A combination of the tonic, alterative, and laxative salts similar to the celebrated Bitter Waters of Europe, fortified by addition of lithium and sodium phosphates. It stimulates liver, tones intestinal glands, purifies alimentary tract, improves digestion, assimilation, and metabolism. Especially valuable in rheumatism, gout, bilious attacks, constipation. Most efficient in eliminating toxic products from intestinal tract or blood, and correcting vicious or impaired functions.

Write for free samples to

**BRISTOL-MYERS Co.**

*Brooklyn, New York City.*

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**IN OPERATIONS.**—Cystogen is efficient in prophylaxis, preceding and succeeding operative procedures in the genito-urinary tract, preventing the infection of the cut parts. Five-grain doses should be given four times a day, for one or two days preceding an operation, and this treatment continued until the cuts are healed.

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MESSRS. BATTLE & Co., Chemists' Corporation, 2001 Locust Street, St. Louis, Mo., have just issued the seventh of their series of twelve illustrations of the Intestinal Parasites, and we will send them free to any physician on application.

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**THE ANASARCIN CHEMICAL Co.** *Dear Sirs:*—It is not often that I feel called upon to report the results from such samples as I may use, but in your case the result was so brilliant that I must say that it undoubtedly saved my patient's life.

He was edematous to his chin, his urine loaded with albumin, heart rate 140 to 160—to-day he is about the streets a well man.

Very sincerely,

**WILBUR F. HOYT, M. D.**

*Paw Paw, Mich., Aug. 1, 1905.*

**THE STAGE OF EXHAUSTION.**—In the treatment of alcoholism and dipsomania, the physician is called to the case at the stage of exhaustion or prostration, and a general derangement of nearly every function. Neurosis, cerebral congestion, cardiac acceleration, gastric and mesenteric disturbance, nausea, retching, intolerance of food, intense irritation, insomnia, and an endless variety of morbid sequelæ require prompt attention.

It will be found that antikamnia in combination with codeia will give a most prompt and satisfactory response in relieving all the array of symptoms so distressing and usually so obstinate as to defy all ordinary therapeutical interference. The best method is to administer one Antikamnia & Codeine Tablet (antikamnia gr.  $\frac{4}{5}$ , codeine, gr.  $\frac{1}{4}$ ) every fifteen minutes to a half hour, until three are taken, then widen the interval to one and a half to two hours, according to the urgency of the symptoms. Under this treatment the circulation will modify, the cardiac pains subside, the tremor, anxiety, and morbid vigilance will give way to rest, quiet, calm, and peaceful sleep. The nausea and vomiting, together with the irritable coughs which so frequently characterize these cases, will all disappear.

The superior results obtained with "Antikamnia & Codeine Tablets" are due, in a great measure, to the fact that the manufacturers refine and purify all of the codeia which enters into these tablets, and this prevents the constipation, depression, and habit which frequently follow the administration of preparations containing ordinary commercial codeia.

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**HOOKWORM DISEASE.**—The report of Dr. Ch. Wardell Stiles, Government Zoologist at Washington, on the anthelmintic treatment has the following:—

"Three days before treatment the patient is placed on a milk and soup diet for three days.

"Thymol: The directions usually given for thymol treatment are: Two grams (31 grains) of thymol at 8 A. M.; 2 grams (31 grains) at 10 A. M.; castor oil or magnesia at 12 M.

"One week later the stools should be examined, and if the eggs are still present, treatment should be repeated until the eggs disappear, but it is not best to give the thymol more than one day per week. Some cases of hookworm disease are quite obstinate and require a treatment extending over several weeks. It is, therefore, an unfortunate error to expel a few worms with one or two doses, and then dismiss the patient as cured without having made further microscopic examination for eggs. . . .

"The administration of thymol has for its object the expulsion of the parasite, hence the removal of the cause of the disease. This should be supplemented by efforts to build up the depleted system by means

of good nourishing food, iron, etc. It is well to give the iron daily, except on the days when the thymol is taken. . . .

"Blotting-paper test.—For persons who are not in a position to make a microscopic examination, a blotting-paper test will be found very useful. Use only fresh feces. Place an ounce or more of the stool on a piece of white blotting-paper; allow it to stand for twenty to sixty minutes; remove the feces, and examine the color of the stain. In four out of five cases of medium or severe uncinariasis, the stain is reddish-brown and reminds one of a blood stain. In making this test on anemic patients, piles, of course, should be excluded."

The report of the U. S. Commission in Porto Rico on the treatment of hookworm, says: First the patient received a purge of salts, and on the following day was made to fast until one o'clock, and then was given thymol in doses not exceeding four grams; then another purge was given to remove the bodies of the parasites. The purpose of the first purge was to clear the intestines of mucus, etc., so as to allow the thymol to act. The thymol-and-purge treatment was continued once a week until the feces showed no more uncinaria. The Commission generally used from two to four grams of thymol, and fifteen to forty grams of sodium sulphate before and after the thymol.

While the thymol kills the parasites, and the purges remove them from the intestines, these remedies only clear the body of the cause of the disease, and it is necessary to restore the blood to its normal condition. Therefore, in many of the cases, *the Commission used Pepto-Mangan (Gude)* in the intervals between the doses of thymol.

NOTE.—As some cases show an unusual susceptibility to thymol poisoning, it is suggested by some authorities that thymol should not be given in connection with alcohol, which increases the rapid absorption of the remedy into the system.

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LISTERINE DERMATIC SOAP.—A Louisville physician has recently written the following to the manufacturers: "Received your sample of Listerine Dermatic Soap, a piece of which I lathered and rubbed with unguent. hydrarg., and found that as a result I had a most esthetic mixture for the skin demanding mercurials.

"In giving X-ray treatments I have long felt the want of such a soap, as it is cleansing, cooling, and antiseptic. Just the thing for acne, lupus, etc."

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ELONGATION OF THE UVULA.—As a gargle in sore throat or elongation of the uvula, Kennedy's Dark Pinus Canadensis has very general endorsement, the usual proportion being one teaspoonful to a glass of water.

A GOOD REMEDY for relaxation of the womb and its appendages is Aletris Cordial Rio; it strengthens the uterine organs, and at the same time corrects the co-existing general weakness.

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A NEW LIQUID ANTISEPTIC.—Parke, Davis & Co. have recently introduced a new liquid antiseptic of considerable power, called Cresylone. It contains 50 per cent. of Cresylic Acid, and forms clear solutions with water in all proportions.

A two-per-cent solution of Cresylone is not only an excellent disinfectant for instruments and hands, but a valuable detergent and lubricant, too. It is said not to injure metallic or rubber instruments, though celluloid articles are apt to become friable under its action.

In the treatment of wounds a one-per-cent. solution is usually employed, and a two-per-cent. solution may be used in profoundly septic cases when more vigorous measures are indicated.

Cresylone completely arrests the development of pus organisms, and is, therefore, indicated in the various suppurations with which the general practitioner has to contend. In the treatment of otorrhea, irrigation with a  $\frac{1}{2}$ -per cent. solution is said to be of benefit. A solution of the same strength is of value in the treatment of ozena.

As it removes odor, it may prove of service in gangrene. In cancer of the cervix uteri the application of gauze saturated with a solution of Cresylone will remove the odor that accompanies this disease. For disinfecting sputa and stools Cresylone commends itself in the sick-room, hospital ward, schools, prisons, etc.

Therapeutically, the use of Cresylone has been suggested in various pathologic conditions, notably in the treatment of gonorrhea, lupus, tonsillitis, eczema, and cystitis of the female.

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EARLY INSANITY.—Insipient insanity is often manifested by restlessness, unnatural sensitiveness, and self-consciousness, and the persons exhibiting such symptoms are said to "act queerly." It is most often seen in young people over the age of puberty, and is the result, most commonly, of sexual excesses. The symptoms indicate an impending nervous breakdown, and if not checked, will end in mental disaster and dementia.

Treatment of this condition resolves itself into rest for the brain and improvement of the moral and physical health generally, but it is useless trying to encourage mental work when the brain and nervous system are in a state of weakness and exhaustion.

A calmative influence is necessary, and this is effected most readily and satisfactorily with Daniel's Conci. Tinct. Passiflora Incarnata, because as a sedative it induces natural rest and leaves the organs of the body unhampered and performing their normal functions. After

this remedy has removed the extreme nervous tension, it is well to prescribe pure air and cheerful companionship with a healthy moral tone. These tend to divert the thoughts and relieve monotony, and the result is soon seen in the increasing strength of the body, and the activity of the mental processes, which promptly reassert themselves.

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## *Reviews and Book Notices.*

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THE ELEMENTS OF HOMEOPATHIC THEORY, MATERIA MEDICA, PRACTICE AND PHARMACY. Compiled and arranged from Homeopathic textbooks by Drs. F. A. BOERICKE and E. P. ANSHUTZ. 196 pages. Cloth, \$1.00. Postage, 5 cts. Philadelphia. Boericke & Tafel. 1905.

For those who wish to look into the fallacies and vagaries of the "infinitesimals and dilutions" the time can be as well wasted with this elementary brochure as with larger volumes. No claim is made for originality other than condensation.

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MESSRS. D. APPLETON & COMPANY, Publishers, 436 Fifth Avenue, New York, take pleasure in announcing that they will issue for use in the colleges this fall new revised editions of the three following important books: Osler's "Practice of Medicine;" Holt's "Diseases of Infancy and Childhood;" Butler's "Diagnostics of Internal Medicine."

Dr. Osler has for some time contemplated a thorough rewriting of his book, and we, the publishers, have deemed it advisable to destroy the old plates and reset the book from new type, making a larger page. This new and revised edition is the Sixth of Osler's "Practice of Medicine," and the fact that we have printed over one hundred thousand copies is sufficient in itself to pronounce it the leading book on the Practice of Medicine.

The new edition of Holt's "Diseases of Infancy and Childhood" is the third edition of this new work, and is a thorough revision of the second edition. As the author says in his preface, the chapters on Examination of the Sick Child, Hypertrophic Steno-

sis of the Pylorus, Diarrheal Diseases and Dysentery, Vaginitis, Cerebro-Spinal Meningitis, Mental Defects, Chondro-Dystrophy, Status Lymphaticus, Diphtheria, "have been entirely rewritten, and some appear for the first time in this edition." Many new illustrations added to this third edition are original and add to the value of this wonderful book, which has now passed in sales beyond the fifty thousand mark.

Of the first edition of Butler's "Diagnostics of Internal Medicine" over fifty thousand copies were printed. This second edition has one hundred pages more than the previous edition, and over sixty new illustrations have been added, together with an entire new section on Diseases of the Mind.

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**MANUAL OF DISEASES OF THE EYE.** By CHARLES H. MAY, M. D., Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department Columbia University, New York, 1890-1903; Ophthalmic Surgeon to the City Hospitals, Randall's Island, New York; Consulting Ophthalmologist to the French and the Red Cross Hospitals, New York; Adjunct Ophthalmic Surgeon to Mt. Sinai Hospital, New York, etc., etc. Fourth edition, revised. Cloth, 400 pages, 21 colored plates, including 60 colored figures, 360 engravings in the text. Fourth edition. Price, muslin, \$2.00 net. William Wood and Company, Publishers, 51 Fifth Ave., New York. 1905.

This book is not intended to take the place of the larger works, but as a means of supplying a foundation, to which further knowledge can be added by reference to more extensive and comprehensive works.

In presenting the fourth edition of this excellent manual, the author desires to express his appreciation of the continued favor with which his work has been reviewed. Every page has been carefully examined and a considerable number of alterations made in this thoroughly revised edition. Many illustrations have been replaced by superior ones. New figures have been added, including eight additional colored plates; among the latter are six presenting twenty-nine colored drawings of external diseases of the eye.

The volume has been kept fully up-to-date, but has not been increased in size, the original plan of presenting a book for the student and practitioner having been adhered to.

DAYTON'S EPITOME OF THE PRACTICE OF MEDICINE. A Manual for Students and Practitioners. By HUGHES DAYTON, M. D., Principal to the Class in Medicine, New York Hospital, Out-Patient Department; Clinical Assistant in Medicine, Vanderbilt Clinic, College of Physicians and Surgeons, Columbia University. In one 12mo volume of 324 pages. Cloth, \$1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1905.

Without pretending to usurp the field of the larger treatises, the series of Epitomes, of which the above named is the most recently issued, has proved to be exceedingly useful to the student as a means of refreshing his recollection in regard to essentials.

The new volume is a wonderfully comprehensive little manual, giving under each named disease — definition, etiology, pathology, symptoms, complications, diagnosis, prognosis, and treatment. The subject of Immunity has been succinctly treated with the assistance of Dr. T. Mitchell Prudden.

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GREEN'S PATHOLOGY. A Text-book of Pathology and Pathological Anatomy. By T. HENRY GREEN, M. D., F. R. C. P., Consulting Physician to Charing Cross Hospital, London. New edition. Thoroughly revised by W. CECIL BOSANQUET, A. M., M. D., F. R. C. P., Assistant Physician to Charing Cross Hospital. Tenth edition, octavo, 606 pages, 348 engravings and a colored plate. Cloth, \$2.75 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

The vigor and vitality of Green's Pathology are excellent evidences of qualities which have won the favor of students, professors, and practitioners alike. A text-book which has reached its tenth edition stands in no need of an introduction. This work has been from its first edition a simple, clear, and adequate presentation of pathology and pathological anatomy — the foundation of all medicine. The subject of the work has undergone many changes since Green was first issued. Pathology is by no means stagnant. In fact, it is doubtful whether any branch of medicine has undergone so rapid and so transforming a growth during recent years. The demand for Green has made necessary very frequent editions. Each edition represents a thorough revision, but none, perhaps, so thoroughgoing as the present. The pages of this work have, therefore, always been

consulted for the recent advances and condition of its science, and the diction of the work is so clear, so directly to the point, so easy of understanding, that the popularity of Green throughout the student world, and equally as a quick reference for the busy practitioner, it is not to be wondered at.

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## Selections.

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ALCOHOL IN CARBOLIC POISONING.—C. V. Burke believes that the general teaching concerning carbolic acid poisoning is erroneous. In the first place, the prognosis is much more unfavorable than generally considered. In 12 cases he has seen but two recoveries. The ordinarily recommended antidote magnesium or sodium sulphate, he says, is useless. On the other hand alcohol is of great value. A stomach tube should be passed and the stomach washed out with diluted whiskey.—*Therapeutic Review.*

A REMARKABLE CASE.—Before the meeting of the Louisville Clinical Society, May 2, Dr. Wm. H. Wathen presented a full term child fully developed with membranes and placenta removed from the abdominal cavity of a woman eighteen months after conception. This child had developed to term inside the abdominal cavity and completely external to the womb, and had died after full term, been carried for possibly nine months dead in the cavity in contact with intestines and was finally removed by Dr. Wathen. The mother recovered and left the hospital all right.—*Southern Clinic.*

FOOT POWDER.—To prevent perspiration and cure corns:—

B Pulv. salicylic acid, dr. iss.

Pulv. sodium bibor., oz. ss.

Cretæ preparata, oz. j.

M. Sig. Make into a powder and use as a local application inside stockings and shoes.—*Doane, in the Medical Sum.*

FACIAL ACNE.—Shoemaker (*Med. Bulletin*) recommends the following:—

- |    |                            |          |
|----|----------------------------|----------|
| B  | Ferri pyrophosphatis.....  | gr. j    |
|    | Calcii sulphili.....       | gr. ss   |
|    | Strychninæ sulphatis ..... | gr. 1-80 |
|    | Quiniæ sulphatis.....      | gr. j    |
| M. | et ft. capsul. no. j.      |          |
- Sig.: One such pill three times a day.

Locally:—

- |    |                                  |        |
|----|----------------------------------|--------|
| B  | Ung. hydrargyri nitratis.....    | dr. j  |
|    | Lanolini .....                   | oz. ss |
|    | Champhoræ .....                  | gr. xx |
|    | Beta-naphtolis .....             | gr. xv |
|    | Ung. zinci oxidii benzoatis..... | oz. ss |
| M. | et ft. ung.                      |        |
- 

RESURRECTION BY VENESECTION AFTER HANGING.—The old authors, as the *Progres Médical* (July 15, 1905) remarks, often describe cases where supposed victims of hanging return to life. In olden times there was much carelessness in executions, and death most frequently resulted from strangulation. Anna Green was hanged for infanticide in 1650 by Narison. Her body was maltreated, stoned, thrown into a box, and delivered to physicians for dissection. When they opened the casket it was seen that the breast still moved, and re-execution was suggested. The physicians opposed it. She was put to bed, bled, and at the end of fourteen hours could speak. The physicians obtained her pardon. Although hanging for half an hour she had felt no pain, and had awakened as if out of a deep sleep, and language gradually came back. In 1724 another woman, also hanged for infanticide, awoke during the transportation of the body in the cart. The two women became respectable members of society, married, and had children. A highway robber, knowing these facts, had a young physician tracheotomize him and place a cannula in the throat before the execution. He breathed very well, but the cord broke, and he fell violently to the earth, breaking his

spinal column and dying. Another criminal, who had been promised that he would not be stripped before hanging, ingeniously placed cords and rings around the neck and below his arms and covered everything with two shirts. He thus avoided strangulation, but showed a little too soon that he was still living. His trick was discovered, and he was hanged a second time successfully. Another executed criminal was conveyed to the dissection table. Incision had begun, when he uttered a slight sigh. He was bled, returned to himself, and was put to bed in the evening. The second execution was spared him by a pardon.

As a rule physicians have arranged to avoid re-execution of resuscitated criminals. There is a sole exception to this praiseworthy conduct. A surgeon who was about to examine the body found the hanged man seated on the table. He turned executioner and killed the poor fellow with a hammer. This ill-directed affair caused general public and professional indignation. The good effects of venesection in such cases became prominent in India through an accident. The thugs, or devotees who strangle as a sacrifice to Bowanee, had hanged two of their victims. Finding that hanging was not sufficient they returned and cut the throat of one of the hanged. The latter recovered and denounced the murderer, but his companion remained dead. This providential bleeding had very simply avoided cerebral congestion, the usual cause of death by strangulation. In cases of suicide, according to Friedel, venesection should be done rapidly, for by this method may be often saved the victim of an attempt at suicide by hanging. Where the neck is broken, as in English and American hangings, death is instantaneous and venesection would be useless.—*Medicine.*

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POISONING BY WOOD ALCOHOL.—C. Koller describes the case of a man of forty-two who presented himself at the clinic for nervous diseases of the Mount Sinai Dispensary, suffering from acute, total blindness. Investigation of the history showed that the loss of sight had come on during the second night after taking about two ounces of whisky, a quantity which subsequent analysis showed contained about 20 c.c. of wood alcohol. The

visual disturbance rapidly progressed, until about thirty-six hours later he was completely blind. Other symptoms which had accompanied the development of the eye condition were nausea, vomiting, weakness, chilly feelings, and cold extremities. On ophthalmoscopic examination the optic nerves presented the picture of a neuro-retinitis of moderate intensity, and in the macular regions were dispersed numerous yellowish, bright, shining spots similar to the picture described as choroiditis guttata. Potassium iodide, hot baths, and good nourishment were prescribed, and six months later the right eye showed complete recovery of function, except a moderate diminution of visual acuity, and the left eye presented marked though moderate concentric contraction of the field, considerable diminution of central vision, and absence of perception for green. The author reviews the subject of wood alcohol poisoning in general, and its ocular manifestations, among which complete bilateral blindness, dilated pupils with lost reaction, and ultimately, atrophy of the optic nerve and retina are prominent. Sweating by hot bath or pilocarpine, potassium iodide internally, and sufficient diuresis, perhaps by milk diet, are rational and sometimes successful measures of treatment. The matter of prophylaxis is of the greatest importance, and the public must be enlightened as to the poisonous nature of the substance.—*Medical Record, July 1, 1905.*

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THE INDIVIDUAL TREATMENT OF DIABETES MELLITUS.—Henry S. Stark advises the treatment of the individual patient in diabetes mellitus, rather than the arbitrary treatment of the disease by stereotyped methods. The severity of the pathologic process cannot be measured by the amount of sugar in the urine. We should study the power of the patient to assimilate carbohydrates: his general state, whether anemic, plethoric, obese, or emaciated; his mental attitude, his digestion, his ability to maintain nitrogenous equilibrium, the complications, and the preferences of the patient as to diet. We cannot put our patients on a diet that starves them of carbohydrates, but only lessen the amount taken. Under prophylactic treatment the author advocates a modified diet for the children of diabetics, with a systematic examination

of the urine. The occurrence of an excess of uric acid may be a forerunner of diabetes. Treatment must be systematic. The patient should be restrained from gratifying his appetites for food and drink. If emaciated and weak, a diet of increased fats is valuable. For glycosuria and polyuria codeia should be given only in very moderate doses. For the skin lesions about the genitals the author uses a soothing lotion and protective application. In bad cases catheterization for a time works well. We should prevent diabetic coma, as when it is established very little can be done. For this he uses alkali-therapy, purgation by croton oil, blood-letting if necessary.—*Medical Record, September 23, 1905.*

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A CASE OF ABDOMINAL PREGNANCY UNDIAGNOSED UNTIL AFTER OPERATION.—A. J. Ronginsky's patient was seen at various times by fourteen physicians, some of them considered highly competent in special fields; yet it was not until an exploratory laparotomy was performed that it was discovered that the underlying condition was an ectopic pregnancy. The age of the fetus was about three and a half months, and the placenta was attached to the small intestine, and to the ovarian end of the tube. The symptoms had at first simulated indigestion and spasm of the intestine, and later on a condition of chronic intestinal obstruction developed. The patient grew progressively more anemic and emaciated, and went into shock after the operation, dying three and a half hours later.—*Medical Record, September 23, 1905.*

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PLEURAL EFFUSIONS IN CHILDREN.—C. F. Wahrer, Fort Madison, Ia. (*Journal A. M. A.*, September 23), remarks that pleural effusions in children are not by any means always tuberculous and that they often escape diagnosis. He points out the methods of correctly ascertaining their presence, including exploratory aspiration by which alone can be ascertained the character of the effusion. In children under three, it may be stated as a general fact that the effusion is usually purulent. The im-

portance of correct diagnosis is the greater since in most undiagnosed cases the patients die, while with proper treatment the prognosis is good, except under one year of age, when the disease is rare or when the disease is bilateral, which also is seldom the case. There is in children a more active metabolism and a greater elasticity of the chest wall, favoring the collapse of the smaller cavity. In the majority of cases, the treatment is surgical, and he believes that every physician competent to treat these cases should also be able to aspirate a serous effusion or to make an incision for an empyema in a child. Of course the more competent the surgeon the better, and in extremely rare cases where an Estlander or a Schede operation is required the highest possible surgical skill is none too good. The cases of two patients successfully operated on by incision are reported. The author concludes by urging most painstaking physical exploration in these cases, with all clothing removed and every possible available instrumental aid. Experience teaches him that too many auscultations are made with the unaided ear, to many percussions through clothes and poultices, and that there are too many snap guess-work diagnoses. The microscope and blood counts may aid.

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SOME ASPECTS OF THE CANCER PROBLEM.—G. B. Massey says that he believes that we are already possessed of more information in regard to the cancer problem than is generally acted upon. A point of the greatest importance is a wider diffusion among the public of our present knowledge concerning the disease. Although we know that cancer is purely local in its first manifestations, this fact is not understood by the sufferers themselves, and much time is often lost before treatment is begun. The public should be instructed as to the deplorable results of delay, whereby what was at first a strictly local process is permitted to become generally diffused. The belief that pain is an invariable accompaniment of beginning cancer, and that there is any danger of spread of the disease by any of the ordinary means of infection, must also be combated. It is urgently to be desired that the government and wealthy private individuals should subsidize re-

search laboratories devoted to the study of this question, as the private means of investigators are usually inadequate. In regard to treatment the author says that nearly 100 per cent. of external and semi-external growths can be positively cured in their early stage by destruction or removal of the original nidus of the disease. While wide-sweeping knife operations may be curative in effect, the attitude that neglects the value of cauterization, particularly the electrochemical methods of destructive sterilization, and clings to the knife as a panacea, is anything but scientific. If more judicious use were made of the cataphoric or electrochemical methods in these early or small growths, a large percentage would be permanently cured, while the exercise of discretion in the choice of remedies would invite earlier resort to treatment by the patients.—*Medical Record*, July 1, 1905.

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FREEZING POINTS OF BLOOD AND URINE IN PNEUMONIA.—F. E. Schmidt, Chicago (*Journal A. M. A.*, September 23), after first reviewing the literature of cryoscopy in medicine, and especially in pneumonia, describes his methods and precautions for thus testing blood and urine, and gives tabulated details of observations in twenty-four-hour cases of pneumonia, in males between the ages of eighteen and fifty, and all apparently in good health before the attack. The tests were made daily, the patients being given essentially the same diet of milk, and later broths and plenty of water, and kept under the regular stimulating treatment. A few had salt irrigations. The freezing points of the blood and urine, the quantity and specific gravity of the urine, and the amount of urea were recorded and albumin and casts noted when present. He finds that there is an absolute lowering of the freezing point of the blood in pneumonia depending in some way either on the extent of consolidation of the lung or on the height of the temperature, or both. This lowering is more than can be accounted for by the increased venosity of the blood under deficient aeration. The concentration of the blood increases, as shown by the lowered freezing point, as the disease progresses up to the time of crisis. Some time is needed for the elimination of the excessive accumulation of products in

the blood, hence several days elapse before the freezing point rises again to normal. In cases in which the heart perceptibly weakens the freezing point becomes still lower, and in fatal cases, when the heart gives out, the freezing point of the blood is extremely low. The lowered freezing point of the blood is apparently not due to deficient kidney function, but may be due to the inability of the kidney to excrete the excessive products of metabolism. The freezing point of urine in pneumonia is considerably lowered, more than would be accounted for by a mere concentration of normal urine. The chlorids excreted are diminished, on account of a lesser amount taken in (Sollmann). The quantity of the urine is decreased while the freezing point is lower, and this lowering is not due to chlorids but to metabolic molecules excreted. \*The freezing point of the urine does not rise to normal until after that of the blood, that is, several days after the crisis. The specific gravity of the urine is no accurate index of its degree of concentration. The freezing point of the urine bears no constant relation to that of the blood normally, for with a freezing point of blood at  $-0.54^{\circ}$  C. the freezing point of the urine may be normally lower than in a case in which the freezing point of the blood is  $-0.57^{\circ}$  C., or *vice versa*.

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NUX VOMICA IN HYPERCHLORHYDRIA.—J. H. Musser (*Boston Medical and Surgical Journal*, June 29, 1905) has found that in cases of gastric neurasthenia with hyperchlorhydria in which sedatives and acids, etc., have failed, large doses of nux vomica gave relief when administered in ascending doses. He begins with small doses, and increases until 40, 50, 60, or even 80 drops of the tincture are given thrice daily. It has been given with effect for a period of four or five months. In young subjects it should be given in much larger doses than in older persons. The beneficial effect of nux vomica does not turn on strychnine alone. There are other elements in the tincture which are of value. The drug should be given until physiological effects result, shown by slight stiffness in the neck and vertigo. Its dose may then be reduced five or ten drops for a while, and then increased again. It is best given before meals.

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### *Original Communications.*

#### RETRO-DISPLACEMENT OF THE UTERUS.\*

BY ROBERT CALDWELL, M. D., NASHVILLE, TENN.

SHOULD I desire an excuse for presenting this subject to you to-night, I could find no better than the fact that it has been discussed so frequently and so extensively in medical literature. For any subject about which there is such a diversity of opinion we can at once draw the conclusion that none of them are correct. Retro-displacement is the most frequent abnormal position of the uterus which we meet in gynecological practice, and various authorities estimate that from fifteen to twenty per cent. of the women that come to the examining table have this condition in some form. With these facts before us, should we not be stimulated to some effort along this line? In order

\* Read at meeting of the Nashville Academy of Medicine, Tuesday, Aug. 29, 1905.

to arrive at a correct conclusion regarding this pathological condition, we shall mention some of the different opinions as to how the uterus is suspended.

A great many regard the perineum as very important in the suspension; but Tate claims that the perineum has no part in its support, and cites the fact that when we have a completely lacerated perineum, the uterus is found occupying its normal position. Of course, when we have an incomplete laceration, the pressure upon the posterior wall of the vagina, making traction on the posterior wall of the uterus, will necessarily pull it over.

Still others think the round ligaments have a part in the support. One of the latest ideas along this line is advanced by Dr. Coffey, of Portland, who thinks that the whole peritoneum, extending from the diaphragm to the pelvis, constitutes its support, and this appeals to me very much, if he will use the term peritoneum in a broad sense, allowing it to include the fibrous tissue immediately beneath the endothelium which fastens the peritoneum proper to the abdominal wall. He illustrates by likening it to an object that has been pushed into the bottom of a closed sack, the sack covering about three-fourths of the object. This seems quite reasonable when we consider that the liver, which weighs three or four pounds, has no support other than peritoneal ligaments. Coffey also denies that the round ligaments have any part in this, from the fact that they are muscular tissue, and are not designed for continuous traction.

I doubt if the supports of the uterus have as much bearing upon this subject — retro-displacement — as is usually attributed to them, for it is possible for the uterus to revolve upon its transverse axis without descending to any appreciable degree. Doubtless many times we do find that there is descent, which should be considered one of the complications.

The forces which retain the uterus in its normal position, which is slightly anteverted, are (1) the round ligaments, which act as guy ropes, holding it forward; (2) the utero-sacral ligaments, which hold the cervix back in the hollow of the sacrum, thereby tilting the fundus forward; (3) intra-abdominal pressure, which is exerted upon the posterior aspect of the fundus.

We have always been taught that retro-displacement was the beginning of prolapse, but I do not think this necessarily the case, only to the extent that the long axis of the uterus occupies the same plane as the long axis of the vagina, and we have prolapse only after the retro-displacement has been in existence for some time.

For study, retro-displacements are divided into movable and non-movable, owing to whether or not the uterus can be replaced by bi-manual manipulation or without severing adhesions. Another division is complicated and uncomplicated, which I think conveys a very much more important idea to the mind; for upon this depends the treatment to be instituted, while the same cannot be said of movable and non-movable.

A complicated retroversion is not necessarily immovable, but immovable is always complicated.

So, then, the movable can be either complicated or uncomplicated, but very frequently it is uncomplicated.

Whether or not all cases of retro-displacement give rise to symptoms, is a matter that has given ground for no little discussion. Theilhaber claims that many cases of simple, uncomplicated retrodisplacement give rise to no symptoms whatever; while Halban thinks that all cases produce more or fewer symptoms, either subjective or objective.

The symptoms to which an uncomplicated retroversion may give rise are rather few. However, we may mention the most frequent ones: Headache, either occipital or vertex; heavy weight feeling in the pelvis, due to interference with return circulation; backache; pain radiating down the thighs; dysmenorrhea; and possibly some bladder irritation. The objective symptoms, metrorrhagia and menorrhagia, are frequently present; also some leucorrhæal discharge.

A great many uncomplicated cases of retro-displacement do not produce symptoms, but for the most part these are recent cases, and, as Montgomery says, after they have existed for some time, they become complicated by an endometritis or prolapse of ovary, at which time the symptoms appear; hence the

symptoms are due to the complication rather than to the displacement.

Considering this fact, should we not treat every case of retroversion which comes under our observation, especially those cases that have existed for any length of time? Symptoms of the complicated variety are exceedingly variable, owing, of course, to the complication which may be anywhere from a slight to a very extensive and dangerous one. Consequently in this class of cases the symptoms may be so numerous within such a wide range that it would be almost impossible even to enumerate them.

The most important sequelæ of retro-displacement of the uterus are, first, hypertrophic endometritis, due to the passive congestion produced by the twisting of the uterus on its axis, this, in turn, bringing sterility, because the soil is not in a healthy condition to receive the seed; second, abortion, due to incarceration of the fetus below the promontory of the sacrum, and also prolapse of the ovary, which is frequently the origin of a great many symptoms.

The cases of retro-displacement in which we should be very guarded as to our prognosis are those which exist in nervous, neurasthenic individuals. These cases should be studied very carefully, and our mind thoroughly satisfied that the displacement is responsible for the symptoms before any line of treatment is instituted. While in these cases there are a few brilliant cures effected, yet a great many of them are never benefited at all. In order that we may succeed in the treatment of any given case, we should take into consideration the cause of the displacement before we outline the treatment. For instance, if we had a case due to sub-involution, and only displaced because of its weight, the treatment then would be to obtain involution, which, if accomplished, would correct the mal-position. The same would be applicable to a case due to incomplete laceration of the perineum; when the perineum is repaired we can reasonably hope for restoration of the normal position of the uterus, provided the laceration had not been in existence for too long a time.

The ideal treatment of posterior displacements is mechanical, but, unfortunately, it is only applicable to the uncomplicated va-

riety, and if we are going to accept the opinion that very few of these cases produce symptoms, then they require no treatment, so it is only the isolated cases in which we can use this. On the other hand, only a small per cent. of cures are reported, and the treatment is quite tedious as well as distasteful to the patient.

The surgical treatment of these cases has been studied to no small extent by eminent men of the profession. We will call attention only to the vaginal methods, for they have been practiced by very few men, as few are content to work in the dark, which is necessary by the vaginal method. Notwithstanding this, some splendid results have been reported, yet I think it is employed less each year.

The most important thing to be considered in devising an operation for these cases is maternity, which is the grandest and highest mission of woman.

Possibly the nearest perfect method that has been devised was one of the first, if not *the* first, viz., Alexander's, or some modification of it; and the only thing that prevents it from being universally adopted is the fact that it is applicable to such a limited number of cases. So few cases being amenable to treatment by this method led to the intra-abdominal shortening of the round ligament by various loops, such as those devised by Wylie, Mann, and Dudley. But these proved very unsatisfactory, because they utilized the strongest portion of the ligament, and left the thin, attenuated portion to support the uterus. Consequently there were more recurrences following these methods than any other, hence they soon became obsolete.

These men were working along the right line, and were very near the goal, but this is another instance of "so near, yet so far." So many recurrences followed these methods that the operators in their discouragement resorted to ventro-fixation; but in so doing they forgot the noblest mission of woman, hence when they became pregnant greater troubles confronted them, and this method fell into disrepute, except in cases that had passed the menopause, and frequently these cases cease to produce symptoms after this time.

In an effort to avoid trouble during pregnancy, ventro-suspension was devised, which did to a very great degree eliminate the most objectionable feature of ventro-fixation. But it had still more objectionable features. In the first place, you could not tell what result would follow, for it might be a fixation or a very slender ligament, which would soon give way; when we would have a recurrence, no matter how carefully planned the operation may have been. More recurrences have followed this procedure than any other, with possibly the exception of the methods of Wylie, Dudley, and Mann.

The most objectionable feature of ventro-suspension is the band drawn across the pelvis, which is exceedingly convenient for the strangulation of an intestine. Dr. Rufus B. Hall reports three cases of the kind in his private practice. If three cases of intestinal obstruction in the practice of one man result from this procedure, I should think this sufficient to condemn the method, although it be almost perfect in every other respect, which it is not. To my mind there is absolutely nothing to recommend, ventro-suspension to us at the present time, and the only reason that it ever appealed to us is the fact that it did not interfere with gestation so much as ventro-fixation. I believe the methods of Dudley and Wylie are far superior, and if we had the statistics of the recurrence of these methods, I do not believe they would be any greater for the intra-abdominal methods of folding around ligaments than for ventro-suspension.

The operation devised by Dr. Gilliam, attaching the round ligaments to the fascia of the abdominal wall, was a turning back from the "ways of sin and death." While this method was inferior in many respects, yet it was a start in the right direction, and the modification of the Gilliam method by Ferguson is quite an improvement, for by his modification the dangers of strangulation are obliterated, this being the greatest objection to the Gilliam method. It left two bands across the pelvis instead of one, as we have in ventro-suspension. This fact has deterred many men from using it, which, doubtless, was sufficient ground.

Ferguson removed this objection when he sewed the distal and unused portion of the round ligaments which extended from

the puncture made in the wall to the interior abdominal ring, so that an intestine could not get between this portion of the ligament and the abdominal wall.

A number of other operations along this line have been devised, with very little difference in the principle, but quite a great deal with reference to the technique. Among the best of these are those devised by Dr. Noble, of Atlanta, Dr. Montgomery, of Philadelphia, and Dr. Simpson, of Pittsburg.

Dr. Coffey has recently devised an operation which is a very excellent one, especially when the case is complicated by beginning prolapse, provided his view can be accepted with reference to the support of the uterus. In this he folds both the round and broad ligaments, and sews them to either the lateral or the posterior wall of the uterus. There is the same objection to this as to some of the earlier methods; that is, the thin, attenuated portion of the round ligament is the portion left to retain the uterus in position. With this we will have a great many recurrences, as we have seen with the other methods, utilizing the slender portion of the ligaments.

Possibly the nearest perfect method and simplest technique has recently been devised by Dr. C. H. Mayo, of Rochester, Minn. He has not yet published it, hence we cannot give the details of his procedure. The principle involved is the same as Montgomery's and Noble's. He makes an ordinary incision in the median line, does whatever is to be done in the pelvis, and examines the gall-bladder and appendix. Then with a pair of forceps he picks up the round ligament about one and a half inches from the cornu of the uterus, dissects the fat off the fascia until he can get about over the internal abdominal ring, and punctures the fascia at this point with a knife; then with a curved forceps, or ligature carrier, passes in at this opening, then passing externally to the rectus muscle, and with the distal end of the round ligament held taut with the traction on the forceps by which it was first picked up, you can see where the ligament enters the internal abdominal ring. The ligature carrier is passed through this ring, and is carried along the portion of the ligament that is taut, just beneath the peritoneum, until the point is reached

where it was picked up by the forceps. At this point the peritoneum is punctured and the ligament placed in the grasp of the carrier, when the carrier is withdrawn, bringing the ligament through the internal abdominal ring up into the puncture in the fascia, where it is fastened by linen sutures. The same procedure is carried out with both ligaments. The abdominal incision is closed in the ordinary way.

The features of this method that recommend it are: First, it does not interfere with gestation; second, there are no new bands across the pelvis; third, the thin portion of the ligament is discarded, and the thickened uterine portion left for the support; fourth, it makes traction at exactly the same angle and with the same structure, thus following nature; fifth, it does not make it necessary to have more than the one opening in the abdominal cavity, thereby lessening the liability of hernia; sixth, the results are permanent.

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“DISEASES OF CHILDREN’S TEETH, AND  
TREATMENT.” \*

PART SECOND.

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BY W. C. GILLESPIE, D. D. S., OF NASHVILLE, TENN.

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In the first number of this series of papers upon “Diseases of Children’s Teeth, and Treatment” we discussed in a general way the relative responsibility of physician, dentist, and parent in the care and preservation of children’s teeth, and emphasized the vital necessity of scrupulously discharging all implied obligations by calling your attention to many serious conditions of pathology and deformity resulting from neglect of children’s teeth.

With this paper we will begin a more definite discussion of the subject proper, and endeavor to make each point cited lead up to the next in logical order. The essayist—not wishing to pose as an original thinker along these lines—will make use of such information gleaned from reliable authors as will be

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\* Read at meeting of the Nashville Academy of Medicine, Tuesday, Feb. 15, 1905.

instructive, without boring you with detail, or citing each author quoted. "Oral Pathology and Practice," by W. C. Barrett, M. D., D. D. S., M. D. S., will be found to contain much of value in condensed form that is worth the careful study of all practitioners of medicine and dental surgery.

The first symptoms of dental irritation are manifested at the beginning of eruption of the deciduous or temporary teeth. This usually is exhibited about the fifth month after birth, but in some instances prior or subsequent to that time, in accordance with various nervous phenomena, the general period of first eruption extending from the fifth to the seventh month, and entire temporary dentition being usually complete about the thirtieth month.

Where eruption takes place prematurely, much more reflex disturbance may be expected than where dentition is delayed. Premature dentition is of itself a symptom of disturbed nervous equilibrium, and its accompanying pathology is an exacerbating rather than an exciting or superinducing factor in functional disorder manifested by the child, though in a child of highly nervous temperament it may resolve into the latter. Where dentition is delayed, the nervous organism has reached a stage of development that renders it less susceptible to the effects of local disturbance, and hence the reflexes are less pronounced.

Normal dentition is a physiological function, just as the production of the hair and nails, and, all other things being equal, should arouse no more pathology. But differing from the hair and nails in that the productive or germinal cells are more deeply seated and completely encapsulated by osseous and soft tissues, sufficient inflammatory process must be excited by the elongating tooth to produce absorption of superimposed soft tissues, thereby permitting protrusion of the crown. Until the progressing development of the root of the deciduous tooth protrudes the crown from the bony crypt in which it has reposed, there has been no formation of alveolar process, and the walls of the crypt are thin and slight, and are not closed over the tooth gum. Therefore, when the rates of tooth elongation and tissue absorption are relatively uniform, inflammatory manifestations are

slight, and nature takes care of them without the intervention of surgical aid.

In such cases — that is to say, in normal dentition — the gums present no great variation from their normal hard, tense, light pink appearance, and the principal indication of tooth advancement is increased transverse diameter of the gum, and blanching from pressure at point of eruption. Disturbed dentition, however, will produce clearly defined diagnostic symptoms, such as more or less severe local inflammation with accompanying turgidity, tumefaction, redness, soreness, and pain. The disturbance may be entirely from local conditions,— inequality of tooth elongation and gum absorption, improper development, etc.; or it may be from a combination of local and functional disturbance; or it may originate in local conditions, and involve systemic complications. But where the physician is called to attend the child during the period of tooth eruption, if he finds no marked signs of local irritation, he may well conclude that his effort should be toward the regulation of some error of diet or of intestinal disorder from other sources. To rely simply upon lancing the gums without going into a careful investigation of systemic disorders, both nervous and intestinal, would be far from intelligent practice.

There are few real diseases of dentition, while those so called are many, and result in a high rate of mortality. The real disturbances of dentition are those pathological conditions which accompany the eruption of teeth; are almost invariably definitely manifested locally, and are markedly different from disturbances arising from improper feeding or other functional derangement, though the tendency to excite reflex dental irritation may often be the superinducing factor in many cases erroneously termed "diseases of dentition."

Where the reflexes are excited, the excitation is produced by pressure of the already formed enamel and dentinal cap resting upon the bulbous pulp which underlies it, largely filling the bony crypt and engaged in the formation of the tooth root or roots. This pulp is a prolongation from the dental branch of the fifth nerve, and the result of irritation of the tooth-pulp is thus

transmitted to the brain centers, from there to be distributed to those remote organs in which there exists a condition most favorable to the attraction of reflex communication.

The essayist is of the opinion that no organ in normal condition will immediately begin to exhibit pathological phenomena from reflex influence originating in some remote organ. That is to say: Unless there is some favorable condition pre-existing in a given organ — sub-normal or other neurotic or pathological condition — conducive to the attraction of reflex impression excited by the pathology of some remote organ, no impairment of functional activity will be exhibited until general systemic tone is modified. To illustrate: If, as a result of dental irritation, gastro-intestinal disorders are aroused, then there must have been existing some condition affecting the gastro-intestinal tract or some of its inclusive organs, which made the transmission of reflex neuricity to that field more favorable than to some other. Otherwise the reflex influence would have been resisted.

Consequently when reflex manifestations are observed in remote organs coincident with dental irritation, those manifestations should play an important part in the diagnosis arrived at, and be considered as an indication for treatment in addition to allaying the dental lesion presenting itself. That, however, is merely an opinion of the essayist, and no attempt will be made to indict any authority for propagating such a theory that *may* be easily proven fallacious.

But few deaths have ever occurred directly from teething. Although, where a fertile field exists, disturbed dentition may save many a prominent family from the embarrassment of "necktie parties" and "military weddings" that might have occurred at a later date. In many instances where deaths are ascribed to teething the diagnosis is about as intelligent as a coroner's verdict of death from thinness of the skull, in a case where a gentleman had strolled beneath a building under construction and was hit on the head by a brick.

If dental irritation during the period commonly designated as "teething" was actually a menace to life, the rate of mortality among children passing through that stage would be approxi-

mately uniform throughout the year, only affected by modifying influences of local conditions. But such is not the case. Statistics show a tremendous increase in mortality in July and August over that of November to May, and yet as many teeth erupt in November as in August. The death rate among children under three years of age, and atmospheric temperature, coupled with corresponding change of diet, go soaring and light together, and their proportional variation is equal. Also, it is proven that among the poorer classes it is greater than among those in better circumstances; and thus the burden of proof is that vicious or ill-suited diet, neglect of hygiene, and general unfavorable surroundings are far oftener the cause of death among children under three years of age than dental irritation could possibly be.

Dental irritation, where severe enough to produce serious complicating disturbances, will be accompanied by diagnostic symptoms which will readily distinguish it as the paramount cause of trouble. The child will exhibit nervous irritability in various forms readily recognizable, the gum tissue will become red and turgid, slight touch will cause acute pain, and the child will strenuously resist any tampering with the mouth whatever.

If, however, dentition is progressing normally, even though serious systemic disorders are being manifested, the child will eagerly accept the teething ring or a finger to chew on, that relief from slight irritation necessary to gum absorption may be obtained.

Where difficult dentition is indicated by the pathological symptoms cited,—and by others not herein stated but easily recognized,—lancing the gums should be one of the first steps toward alleviation. This alone will oftentimes bring about the most striking and rapid strides toward return to normal condition. But in no instance should there be a failure to carefully investigate for all other sources of trouble, and such systemic treatment instituted as is indicated by the symptoms presented. Where normal dentition is progressing, the lance should never be used. It is unnecessary, and any tampering with nature's divine laws is criminal. Lancing the gum where normal dentition is progressing is but to create pathology where none existed.

## *Abstracts.*

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### THE MEDICINAL TREATMENT OF APPENDICITIS.\*

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BY DR. PAUL MOOSBRUGGER, PHYSICIAN-IN-CHIEF OF THE LEUT-KIRCH DISTRICT.

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THE confusing dissension of opinion as to the indications for operation in appendicitis, incited Moosbrugger to publish his brilliant results from its medicinal treatment, both of the acutest and of the more chronic forms. His experience therewith during the past five years is in sharp contrast to that with the usual treatment, and he recommends his method, which consists exclusively, or almost so, of the liberal employment of collargolum, only after most careful observation and consideration.

In mild cases that have perhaps for days suffered from colicky pains, with irregularity of the bowels and tenderness on pressure but without abdominal distension, he applies flaxseed poultices and administers fifteen grains of collargolum in six ounces of water, a tablespoonful every half hour or hour. In more advanced cases with vomiting, distended abdomen, bad subjective condition, he gives thirty grains of collargolum in six ounces of water, two and one half drams every hour, and orders thirty grains of unguentum Credé to be inuncted for thirty minutes twice daily into the flexor surfaces of the arms and legs. When vomiting interferes with the retention of the solution, he gives seven and one half grains in two ounces, and in bad cases fifteen grains in four ounces, in one or two enemata. Children get a teaspoonful of a one half per cent. or three-fourths per cent. solution every half hour, and if they vomit, the drug is injected rectally, and unguentum Credé is inuncted. Cathartics and narcotics he regards as harmful.

If collargolum is used early, the general condition improves on the second day, the temperature falls, the patient passes flatus, and a spontaneous black stool, whereupon he usually feels relieved. In bad cases, when the exudate has reached the general

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\* Abstracted from the *Munch. Med. Wochenschrift*, Sept. 12, 1905.

abdominal cavity, and a diffuse peritonitis threatens, recovery is much slower, and only single symptoms, such as patient's facies and the prolongation of the disease, prevent rendering an unfavorable prognosis. If there is already a local peritonitis with encysted abscesses, the cure is much slower, and persistent collargolum administration for weeks is required. Even apparently hopeless cases may be saved by the energetic employment of the drug. It should be continued even after the acute symptoms are apparently overcome, or relapse may occur.

In his series of seventy to eighty cases of varying severity, only two ended fatally, and in both diffuse peritonitis had set in when he was called. This mortality contrasts quite favorably with that under other methods. He now feels justified in rendering a good prognosis in all appendicites which have not progressed to a diffuse peritonitis and in which profound general infection is not present. Early correct diagnosis is of course important. Yet even if only recognized when perforation has occurred, the results will be better when collargolum is used. He does not hesitate to state that every early recognized appendicitis, no matter how acute or malignant, can be cured by collargolum without surgical intervention. Only two of his patients had another attack, both after about a year. In the great majority of his cases the disease focus was entirely cured.

To determine if collargolum could exert a detrimental effect, he had seven ounces of unguentum Credé inuncted into his skin, and took a tablespoon dose of a strong solution (up to sixty grains in seven ounces of water) every two hours. No untoward effect was seen, excepting diarrheal evacuations, with perhaps a little tenesmus, and these symptoms disappeared when the remedy was discontinued.

If the disease is just beginning in the appendix, or is still limited thereto, when operation is least dangerous, there is not the slightest doubt that collargolum is just as effectual as appendectomy. If there are abscesses in the abdominal or pelvic cavities, and these are localized or adherent to the anterior abdominal wall, there is no need of a hurried operation, and we may be able, by means of collargolum, to see the absorptive peritoneum dis-

pose of the pus, and possibly of a gangrenous piece of appendix. If the pus focus is not properly walled in, there is great danger that the surgeon will infect the rest of the peritoneal cavity while searching for and opening the abscess. Surgical intervention and the energetic use of collargolum at one and the same time are indicated only when there is a general peritonitis. In these cases it is advisable to establish an artificial anus, taking off the mechanical and chemical strain from the peritoneum and removing the source of autointoxication. This with collargolum medication will revivify the absorptive power of the peritoneum.

As to the mode of action of collargolum, it is well known that it has strong antiseptic properties, while it is entirely non-poisonous. That it has a curative action at a distance upon lesions, such as wounds, can readily be seen by watching its effect on a suppurating wound of the leg, for instance, when it is inunctioned into the arm or administered internally. My observations show that collargolum combines with or otherwise neutralizes a certain proportion of the re-absorbed toxins in the blood or the tissue fluids; this is evident from the patient's improvement in color and facies and the betterment of the general condition, and undoubtedly goes together with the organism's increased power of self-help. There is also a direct favorable action on the disease focus and the neighboring tissues, shown by the following case:—

During my vacation absence my substitute in the District Hospital operated on a hygroma of the palm by incision and drainage. The patient did not do well; there was fever, and repeated incisions and curettings had to be made. After three months' treatment there was still a quarter-sized ulceration, with bad granulations, which nothing seemed to heal. I began to give him collargolum inunctions, and after the second one there was a distinct change in the condition of the wound. The granulations looked more vigorous, and there was less secretion. Simultaneously his general condition improved. On the twelfth day the wound was almost closed, and patient demanded his discharge.

A plausible explanation of the action of collargolum was given by Schade lately. He proved that heavy metals, under certain conditions of oxidation, act in the human body as carriers and transmitters of oxygen, and that, without change in chemical constitution, they play the part of the so-called ferments, the organic oxygen bearers. Under these conditions they rob ptomaines of their toxicity, since these substances are readily oxidized.

For the general practitioner especially, collargolum is an indispensable remedy, its certainty of action placing it side by side with diphtheria antitoxin.

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#### TREATMENT OF CEREBRO-SPINAL MENINGITIS

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CHIEF STAFF SURGEON SEHRWALD reports in the *Deutsche Med. Wochenschrift*, No. 35, 1905, a sporadic, typical, and quite severe case in which all usual methods were employed, with only transient effect at the most. He then proposed daily inunctions of two drams unguentum Credé into the trunk, after cleansing with soap and alcohol. The effect was striking. With the very first inunction the clinical picture improved, and after four of them the patient was bright and cheerful and almost wholly free from subjective difficulties. As the treatment had not been altered in any other respect, there can be no doubt that the favorable turn in the disease was due to the silver salve. The author warmly recommends this simple and safe method to all practitioners.

Prof. Björkmann recommends the following treatment in cerebro-spinal meningitis: Inunctions of unguentum Credé are given, at first twice, and then once daily. At the same time the hair of the scalp is closely clipped, and moist borated gauze drenched in a one and one-half per cent, formaldehyde solution, acetanilid and one-tenth per cent. kresamine, is continually kept over the whole head from the root of the nose backward down to the neck and on the sides, leaving the ears free. The pack is covered with a cap of oil-cloth and renewed as soon as it becomes dry.—*Merck's Archives, January, 1905.*

Dr. Mitour contributes (*Bulletin gen. de Therap. med.*, July 15, 1905) a paper to the silver therapy of cerebro-spinal meningitis. For a woman with severe meningitic symptoms he ordered on the third day of the disease four inunctions of unguentum Credé. On the following day the convulsions ceased, and the patient regained consciousness. Under two or three inunctions daily the temperature returned to normal on the ninth day of the sickness, and though the pulse was still a little rapid, the general condition and appetite were excellent. Complete cure followed. The author also reports a case of febrile eclampsia cured by the same therapy.

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## Clinical Reports.

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### CLINICAL SOCIETY OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.

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STATED MEETING HELD OCTOBER 2, 1905.

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#### HEART CASES.

THE President, Dr. J. J. MacPhee, in the Chair.

Dr. F. R. Beal showed two cases with mitral stenosis and one with mitral regurgitation. He said his reason for showing them was because many doctors do not know whether the murmur which accompanies such lesions is systolic, presystolic, or diastolic, or where it occurs in the rhythm. A murmur caused by mitral stenosis must be presystolic, and only that, and cannot occur at any other time. To determine the time of a murmur, it is absolutely necessary to differentiate the first heart sound from the second. When a murmur is heard at the apex, the second sound is louder at the base. During diastole the blood is flowing simply because it has no reason to stop. Systole begins in the great vessels, even above the auricle, the wave of contraction passing downward toward the apex of the heart. As the wave passes along the auricle, there is just enough muscular fiber

in the auricular walls to hasten the passage of the last of the blood through the mitral orifice. The instant this wave reaches the ventricle, the mitral valve closes with a snap, and at the same time the wave of contraction passes along the muscular walls of the ventricle, flopping the heart, by a corkscrew motion, against the chest wall. The first sound of the heart, therefore, is composite, being caused by the muscular contraction itself and by the striking of the apex against the chest wall. The second sound is caused only by the closure of the pulmonary and aortic valves. It is a sharp click, made up of only one element.

Pathologically, when a mitral stenosis is present, the orifice between the auricle and ventricle is narrowed, but never sufficiently so as to cause a murmur continuing through diastole, for the simple reason that the patient would not live long enough for this to occur; but there is sufficient narrowing so that when the auricle contracts, just before the closing of the mitral valve, it hurries the last of the blood from the auricle into the ventricle, and striking the wave of contraction, causes a murmur. The instant the wave of contraction reaches the valve, the latter closes, shutting off the stream of blood from the auricle into the ventricle, and that causes a murmur, thus explaining why the murmur is presystolic or occurs just before and up to the first sound of the heart or the closure of the mitral valve. A mitral stenotic murmur is not transmitted anywhere, but is heard best close to its origin over the left ventricle, for the reason that a murmur is always transmitted in the direction of the blood stream that causes it, and the blood stream that causes this murmur is stopped by the closure of the valve; in other words, the murmur dies at its birth.

#### EPITHELIOMA OF THE BLADDER.

Dr. D. A. Sinclair showed a patient seventy-four years of age, with epithelioma of the bladder. About two years ago he noticed that he had to void urine more frequently than normal by day, and four of five times during the night. Moving about aggravated this condition. No pain at this time. A few months later urination became more frequent and quite painful. The pain was of a sharp and burning character, confined to the region

of the bladder, more severe at the beginning and during urination, coming gradually and disappearing in the same manner. These symptoms gradually increased until he voided urine every hour and sometimes oftener during the day or when exercising. He noticed blood in the urine about three weeks prior to the time he was first seen by the speaker.

At first, on account of the patient's age, prostatic hypertrophy was suspected, but on the passage of a catheter, no residual urine was found, and an examination per rectum failed to show enlargement of the glands; but at the base of the bladder, on the left side, a hard mass was felt, about three inches in its longest diameter and oval in outline. Examination with a stone searcher gave the impression that a stone was present, but that it was encysted. Striking the mass with the end of the stone searcher gave the impression of striking a piece of wood covered with a thick cloth, but on withdrawing the searcher a few inches and pushing it back against this mass, a distinctly gritting sensation was imparted.

Therefore, a diagnosis of impacted stone was made. A cystoscopic examination was impracticable, as the patient was weak, was suffering severe pain, and there was profuse hematuria, which would have interfered with such examination.

A suprapubic cystotomy was performed, and when the bladder was opened and the finger introduced, a mass three inches in its longest diameter was noted, covered with a layer of phosphates, the latter accounting for the sensation imparted by the stone searcher. The condition was immediately recognized as one of malignant growth; it having a broad, firm base, being extremely hard to the touch, and immovable. A small section was removed and subjected to microscopic examination by Dr. Jeffries, who reported epithelioma.

#### PENILE HYPOSPADIAS.

Dr. Sinclair also showed this patient, thirty-five years of age, married. When first seen, the urethral opening was about one and one fourth inches from the tip of the glans. The false meatus flared open, and between it and the urethral opening a

band of tissue about half an inch broad existed. A perineal cystotomy was first performed for bladder drainage. The corpus spongiosum was freed according to the method of Dr. Beck, and the urethra implanted in front of the aforesaid band behind the glans penis, lengthening the urethra by about half an inch. Recovery was perfect.

**EXCISION OF THE ASTRAGALUS AND TENDON GRAFTING FOR CLUB FOOT.**

Dr. Paul DeWitt showed a patient who had been operated on by Dr. R. H. M. Dawbarn for equinovarus of so marked a type that he walked entirely on the dorsum of the foot, the plantar side not touching the ground. Through a semicircular incision on the outside of the foot the astragalus was removed, and tenotomy of the tendo-Achilles was performed. Through an incision on the inner side one third of the thickness of the tendo-Achilles at the level of the internal malleolus was grafted upon the tendons of the tibialis anticus, extensor longus digitorum, and extensor longus pollicis. Through this incision the peroneus brevis was detached and grafted into the two outer slips of the extensor longus digitorum. The peroneus longus was left untouched.

In infancy the patient suffered from anterior poliomyelitis, which caused paralysis of the nerves supplying the anterior group of leg muscles. These grafts were made to supply the anterior group of leg muscles with nerve supply from the healthy posterior group. The operation was entirely successful, the patient walked firmly, with little limp, and was able to move his toes.

**MALGAIGNE'S OPERATION FOR REMOVAL OF THE LOWER LIP.**

Dr. DeWitt also showed a patient on whom Dr. Dawbarn had performed Malgaigne's operation for removal of the lower lip, removing a little more than the lip itself. Malgaigne's operation is as follows: The first incision is made at a corner of the mouth and extends about two thirds of the distance to the angle of the jaw. The second incision is made almost parallel to the first but slightly divergent under the jaw. At the posterior end of this incision a triangular notch about half an inch in length is made to prevent the puckering which would otherwise

occur when the sutures were inserted. To preserve the vermillion border of the lip, the first incision is carried only to the mucous membrane, which is dissected up and brought over to form a covering.

Dr. Dawbarn's operation differed from that of Malgaigne in three respects: *First*, instead of making a triangular notch at the posterior end of incision number one, he made it nearer the nose, so that the wrinkle would hide the scar, and also to avoid the danger of injury to Steno's duct; *second*, incision number two was more divergent, and was carried farther down the neck, so as to allow a wide field for completely dissecting out the submaxillary and sublingual glands; *third*, relaxation button-sutures were applied in such a manner that the sutures did not penetrate the skin, thus leaving no scar. The sutures were carried from the inner side of the mouth only to the cuticle, then out again to the inner side of the mouth, across the wound, in again to the cuticle, and then out to the mucous membrane. The operation was entirely successful, leaving so small evidence as to be almost unnoticeable except when the patient talked, when a slight contraction was apparent.

Dr. J. A. Bodine said he thought the cosmetic result of this operation very satisfactory, but in most instances an operation could be devised for the individual case. The mobility of the tissues with which the operator had to deal is such that the whole lower lip may be removed and the gap filled from the neck and cheek so that there will be little deformity. In one case of epithelioma of the lip, he removed the entire lip from one angle of the mouth to the other with the cautery, and the regeneration that followed left practically no deformity. That is a good method in some cases, because the burning excites an inflammation that destroys the outlying epithelial cells. In all cases of epithelioma of the lip the glands under each angle of the jaw, together with the submaxillary glands, should be removed, whether they are appreciably enlarged or not. The patient will never miss them and it will prevent a recurrence.

The paper of the evening was read by Dr. Morris Manges. It was entitled

## THE ART OF STIMULATION.

He said, in part: The first thing to bear in mind is the difference between direct and indirect stimulation. Most of us think of direct stimulation only, but it would be well to bear in mind the indirect methods, if only for the reason that if they do no good they do no harm. The old-fashioned hot saline enemas not alone produce the same effect as wine or whisky, but also have a very decided effect upon the vasomotor centers of the abdomen; which, as is well known, are widely involved in the failing circulation.

In considering stimulation, the heart must be considered as only a part of the whole circulatory system, and not the circulatory system alone, but the entire individual, must be taken into consideration. For instance, what is the use of stimulation when the primary fault is not due to circulation, but to insomnia? He recalled one patient, upon whom a colostomy had been performed, who was very ill and much depressed for no apparent reason. There was failing circulation. The patient had an idiosyncrasy for morphine, and bromides had excited her. He ordered veronal, twenty grains, in hot saline solution, per rectum, and in half an hour the patient was quiet and the next morning improved. He was sure that if routine stimulation had been practiced, it would have caused the woman's death. What she needed was rest. This case illustrated what he had always claimed regarding stimulation. What is the use of whipping a tired horse with a heavy burden until he is relieved of part of his load? Stimulation should be resorted to only after the burden of the overworked heart has been lessened by removing all possible causes of failing circulation.

Many physicians, when called to see a case of pneumonia, typhoid fever, or cardiac affection, immediately begin the routine stimulation usually prescribed in such cases. This is a great error. Stimulation should not be resorted to until it is needed. The use of alcohol, for instance, in a case of beginning pneumonia, often whips up a tired heart almost to the point of exhaustion. The routine use of strychnine early in typhoid fever often hinders more than it helps. He recalled the case of one pa-

tient who was making a good recovery from typhoid fever; his temperature was on the decline, but he was restless and nervous, and began to throw himself about in bed and could not be controlled. He was suffering from too much strychnine. Stimulation should be resorted to only in case of a marked change in the patient's condition.

Many pour drugs into a patient without being sure that he obtains the benefit intended from them. The stomach is a relaxed bag, and the more that is poured into it, the greater the mixture taken out. The hypodermic method gives the quickest and surest results. Again, the action depends upon the drug used. If one desires quick stimulation, camphor, which acts almost immediately, should be administered. Strychnine requires a certain length of time, and digitalis even longer, before it is absorbed. Finally, all instructions for stimulation should be left in writing. The responsibility belongs to the doctor, and he has no right to ask the nurse to assume it in such a case.

Dr. Bodine said that frequently a patient would regain consciousness from an anesthetic just sufficiently to appreciate his surroundings, and then there would be a paralysis of the vasomotor centers and dilatation of the abdominal veins. All the blood would collect there, and the patient would collapse and perhaps die. He had seen this occur on several occasions, and thought it not due to the operation, but to fear.

Dr. Sinclair said that he had prescribed veronal, and had had several slight accidents from its use. One patient was recovering from operation and was able to be out of bed, but was unable to sleep. The administration of veronal resulted in unconsciousness for about four days. Eventually the patient recovered.

Dr. J. Riddle Goffe said that the subject of Dr. Manges's paper was of great interest. If there is one thing the medical teachers of the present day should emphasize, it is the danger of overstimulation in cases of heart failure from shock. While Dr. Manges had not said so, his theory of shock indicated clearly that he agreed with the speaker in regarding shock as a paralysis of the vasomotor centers and an overstimulation of the spinal

centers. The irritation in the latter causes a spasm of the arterial system, including the heart, thus driving the blood from the heart and arteries into the veins, which are relaxed and distended, owing to the paralysis of the sympathetic centers. All the remedies and methods suggested by Dr. Manges are excellent, but, after all, the sheet anchor in shock is morphine. It is the routine order in the Polyclinic Hospital, in the speaker's service, to give to every patient subjected to operation, unless special instructions to the contrary have been mentioned, one fourth grain of morphine hypodermically as soon as the patient begins to recover from the anesthetic. This prevents shock and pain, gives the patient a comfortable recovery from the anesthetic, and a good night's rest. No more morphine is allowed unless especially ordered. In severe cases of shock, saline injections or saline infusions are also employed.

Dr. Albert Kohn said that in pneumonia and typhoid fever the patient should be turned from one side to the other daily as a matter of routine treatment. If a pneumonia patient remains in the same position for several days, the posterior portion of the lungs will be in a state of congestion, and thus take away from the heart strength which it could well use, and which could be retained by persistent change of gravity. In rectal stimulation, one should be sure that the rectum is in condition to absorb the medicament. If eight or sixteen ounces of hot fluid are injected and returned unchanged in fifteen minutes, some other channel must be found through which to accomplish the desired result. Nasal stimulation is most evanescent, and must be frequently repeated. Delirious patients often refuse stimulation in any form, and it is customary to hold them quiet bodily while the operation is being performed. He thought this very unwise, and had often seen patients fall back dead as a result of the strain to which their heart was thus subjected. When the right heart is suffering from over-action and the left heart from under-action, the abdominal distension which acts upon the right heart must be reduced. Dr. Goffe spoke of shock as overstimulation of the spinal centers. The speaker believed it to be a paralysis of the vasomotor centers accompanied by bleeding into the ab-

dominal veins. Morphine relieves it by lessening the contraction of the whole blood system, and thus allowing an equalization. This action is produced by no other drug.

Dr. Beal said that one form of stimulation was evolved in violent pulling out of the tongue. In typhoid fever stimulants should not be given until needed, but this does not apply to tonics, which should be given early in the disease. Often, six hours' rest will do more for an exhausted patient than any stimulation.

Dr. Manges closed the discussion. He said that morphine in his opinion is the most powerful of stimulants in a failing circulation due to shock. This drug gives the heart, and indeed the whole body, a chance to get its bearings, and then strychnine may be used in small doses three or four times a day; and muscles that would not have responded to the strychnine at first will respond promptly when it follows a dose of morphine. He thought that one one-hundredth of a grain of nitro-glycerine, if properly given and repeated often, would give much better results than larger doses repeated less often. Some people respond to veronal very quickly, while others have an idiosyncrasy for it. One could not always hope to obtain the expected effect upon administering a drug, but should be content to put up with a great many disappointments.

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## *Records, Recollections and Reminiscences.*

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### CONSERVATISM IN ARMY SURGERY — SOME FIELD REMINISCENCES.\*

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BY WILLIAM TAYLOR, M. D., OF TALLADEGA, ALA.

THE army field surgeon should never lose sight of conservative methods in the treatment of the wounded soldier who may come under his care. No member should be sacrificed when there is a reasonable possibility of saving it by less heroic methods

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\* Read by title at the 8th Annual Meeting of the Association of Medical Officers of the Army and Navy of the Confederacy.

than amputation. The bone of a limb may be shattered, but if the more important nerves and blood-vessels are intact, and the comminuted bone removed by careful resection, followed by fairly good nursing, the limb may often be saved.

With these preliminary remarks, I may be permitted to cite a few cases occurring in my own experience.

*Case 1.*—At the second battle of Manassas, Private Ezekiel, Tenth Alabama Regiment, was struck by a shell, which took off the left hand at the wrist, carried away three fingers of the right, a part of the palm, and left the thumb and forefinger badly lacerated. It seemed almost impossible to save even the thumb and finger for any useful purpose, and amputation was unhesitatingly advised by a number of the surgeons present. I determined, however, to attempt the saving of these members. Making a smooth stump for the left at the wrist, I pared the right with as little loss of tissue as possible, with special reference to saving the thumb and forefinger. His recovery was rapid. Of course he saw no more military service; but in the pursuits of civil life he made a comfortable support for himself and family by farming. The infirmities of age coming on, Mr. Ezekiel sought the generous support of the Soldiers' Home at Mountain Creek, Ala., where he remains to-day, a worthy beneficiary.

*Case 2.*—Private \_\_\_\_\_, at the battle of Salem Church, was brought to the brigade field hospital with a rare and singular form of injury. A minnie ball had entered the center of the dorsum of the penis about the middle of its longitude, passed through centrally beneath, entered the scrotum, demolished the left testicle, and lodged in the inner left thigh. The missile had almost severed the penis; the urine was all voided through the wound, none through the natural outlet. It was thought almost impossible to save the member. But remembering the great power of reparation possessed by the genitals, it was determined to make the effort. The fragments of the testicle were removed, the scrotum cleansed, and the water dressing applied. In less than three days there was marked improvement. Much of the urine was passing through the wound, but some of it was being voided at the meatus, with other symptoms of favorable results.

The time had now come to send Private \_\_\_\_\_ to the rear, and anxious to know the final outcome of the case, I said to him, "Now when you return to camp, don't fail to report to me, for I want to know the result of your wound." He promised to do so. Five or six months afterward the soldier returned, and hastened to report. On examination I found the reparation had been wonderful. There was scarcely a visible scar on the penis, and the member seemed in all respects normal. "How are its functions?" I inquired. "Well, doctor," he replied, "I was anxious about that myself, so I tried it before I left home, and it performed as well as ever." Private \_\_\_\_\_ remains a grateful beneficiary of conservative surgery.

*Case 3.*—Col. Young L. Royston, commanding the Eighth Alabama Regiment, was terribly wounded at the battle of Salem Church. He was brought to the field hospital with the bone of the middle left arm badly shattered, and prostrated from shock.

Surgeon Royston of the Eighth was a brother of the Colonel and was greatly distressed at his critical condition. Choked with the deepest fraternal emotion, he came to me and said, "Doctor, I want you and Gaston (surgeon of the Fourteenth Alabama Regiment) to take charge of Young, and do the best you can for him. I know his arm will have to come off, but I can't do it." Surgeon Gaston and I accordingly took charge of the case.

Finding on examination that the important blood-vessels were uninjured, we determined on a resection instead of an amputation. A free incision was made and three inches of shattered bone were removed. Erysipelas occurred at point of the wound, which yielded to treatment. With that exception the progress was uneventful, and in the course of four months the Colonel was again on duty, in the full possession of all his limbs.

*Case 4.*—Colonel W. H. Fornay, commanding the Tenth Alabama Regiment, was brought from the field at Gettysburg to the brigade field hospital with two severe wounds. The humerus of the right arm was shattered just below its head, and the os calcis of the left foot badly comminuted. He had lain on

the battlefield all night, where from exposure and loss of blood he was in a state of exhaustion approaching collapse when he reached the hospital. On examination the wounds were found to be desperate. A majority of the surgeons present thought his only chance lay in the amputation of the arm at the shoulder, and the removal of the foot at the ankle. It was believed, however, that he was too much exhausted to bear the shock of the operations. A resection of both wounds was therefore practiced. Two and a half inches of shattered bone were removed from the humerus, and the wound thoroughly cleansed. The heel was freely incised, and two thirds of the os calcis removed. He was now given such restorative remedies as were available at a field hospital. Unable to bear transportation in an ambulance on the retreat of the Confederate army, he was left at a farm house near the battle ground, where he fell into the hands of the enemy as a prisoner of war, and was carried to Baltimore. His recovery was almost marvelous. Although two or three inches short, he recovered perfect use of the arm and hand. The fullest functions of the foot were restored, he walked without the slightest halt, and never found the slightest need for a cane. He was promoted to the rank of brigadier general. For eighteen years since the reconstruction of the Confederate States, he represented his district in Congress, and was a living monument to the virtues of conservative surgery in army practice.

Numerous other similar cases might be cited in the line of conservative methods in field surgery, but for the present the foregoing will suffice.

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MAJ.- GEN. GEORGE E. PICKETT, THE HERO OF  
GETTYSBURG.

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BY C. W. CHANCELLOR, M. D., CHIEF SURGEON OF DIVISION, C. S. A.,  
OF WASHINGTON, D. C.

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THE object of this paper is to condense in small compass interesting facts relating to the Confederate army, particularly

to the life and services of Maj.-Gen. George. E. Pickett, and to the medical staff of his division.

Personally, General Pickett was always gay and cheerful; his soul was generous, and his heart was ever open to his friends; and to none more so than his medical staff, all of whom were devoted to him in weal or woe. He once said, "My surgeon is the *chief* of my staff."

Decision and promptitude were Gen. Pickett's well-known attributes, and none, perhaps, can be more important and more requisite in a commander. These qualities he not only displayed in the hour of battle, but, on occasions of deliberation, he resolutely abided all consequences in following what he conceived to be his duty.

As to his military conduct and ability, though these are points of the first importance, they require no illustration, since his heroic actions on many battlefields have so splendidly illustrated them. I need only add that, besides the judgment and daring which he displayed, he was remarkable for the diligence and rapidity of all his movements, whether on the march or in the combat. His chief solicitude after the battle was his wounded soldiers, and he never failed to visit the field hospital in person to supervise the arrangements, and give every material aid possible to the medical staff. He adopted the best of all methods, that of personal example, and like Lord Nelson, he did not say, "*Go,*" but "*Let us go!*"

General Pickett was born in the city of Richmond, Va., Jan. 25, 1825. He was the son of Col. Robert and Mary (Johnston) Pickett, of the old colonial homestead, "Turkey Island," on the James River. He entered the Military Academy at West Point, in June, 1842, and graduated in 1846; was a Lieutenant of the United States Army in the battles of Vera Cruz, Cerro Gordo, Contreras, Cherubusco, Molina del Rey, Chapultepec, and the City of Mexico; three times breveted for "distinguished gallantry and meritorious conduct," he came out of the Mexican War a Captain; served on the Indian frontier from 1849 to 1855 in Texas and New Mexico; 1860 was in command of the United States post at the Island of San Juan, Vancouver, when the au-

thorities of Great Britain demanded the withdrawal of the United States troops from the island. Captain Pickett refused to yield to this demand, and, with his small company of forty men, defied the whole British force, for which he was highly commended.

Captain Pickett was still on the Pacific Coast when the war between the States commenced. He immediately resigned his commission in the United States Army, and hastened to his native State, in compliance with the call of the Governor of Virginia upon her absent sons, to take part in her struggle for independence.

In September, 1861, he was appointed Colonel in the Confederate States Army. Feb. 14, 1862, he was appointed Brigadier-General, and assigned to the command of a Virginia Brigade, then at Centerville, near Manassas. From that time the command was known as Pickett's Brigade, which bore a conspicuous part in the battle of Williamsburg on the 5th of May, 1862. When General Johnston fell back upon Richmond, many wounded were left in the hospitals at Williamsburg, and five Confederate surgeons were detailed to remain and care for them, the writer being named by General Pickett to represent his brigade.

While we were in attendance upon the wounded, Gen. McClellan entered the town; but did not interfere with the Confederate surgeons in the discharge of their duties. We were not only treated kindly, but generously by this magnanimous general and his staff, particularly his brother, Dr. McClellan, who entertained us at an informal luncheon. Every possible courtesy was also extended to us by the regular army surgeons, each contending who should show the greatest civilities.

But, *presto, change!* Immediately after General McClellan and his army had left, Prof. James B. Wood, of one of the New York medical schools, appeared with a corps of medical Neophytes, obtained an order from Gen. Andrew Porter, Provost Martial, displacing the Confederate surgeons, and placing Wood and his pupils in charge. We were then arrested and sent as prisoners of war to Fortress Monroe. On arriving there we were received and treated with great courtesy by the commanding officer of the post, the noble-hearted General Mansfield, who

greatly deprecated the action of General Porter, and invited Surgeon Cullen, of General Longstreet's staff, and myself, to luncheon — he wanted to hear all about his old *confrères*, Longstreet and Pickett. The ladies of his family solicited each a "rebel button," which we cheerfully cut from our coats, and presented to them.

The history of our Civil War is full of instances of not merely mutual toleration, or *generous hostility*, but of the most cordial relations subsisting between officers engaged in the opposite armies. This *esprit* was particularly noticeable in the medical staff of the two armies. They were often employed together on the same battlefield, and on a footing of the greatest friendship and cordiality. Under the protection of mutual passes they exchanged various civilities and professional services without any reference to the merits of their respective causes. I should have stated in the preceding paragraph that General Mansfield returned us by the first exchange steamer, within forty-eight hours, to the Confederate lines. He was afterwards killed at Antietam.

The battle of Gaines's Mill, one of the distinct engagements of the Seven Days' Fight around Richmond, was fought June 27, 1862. Pickett's Brigade was ordered to the front, and formed in line of battle on the edge of a field, under cover of the brow of a hill. General Pickett led the brigade in person to dislodge the enemy from a piece of woods. The fire from the enemy's battery and small arms was terrific, but the brave old brigade pushed on and captured the battery. The men and officers fell around like leaves in autumn. Col. Robt. E. Withers, afterward U. S. Senator, commanding the 19th Virginia, was soon shot down, and supposed mortally wounded. Lieutenant-Colonel Slaughter, commanding the 58th Virginia, was desperately wounded.

It was almost impossible to see or hear anything, such was the continual rush of the shot and shell. I was very near General Pickett when he was shot from "Old Whitie," his favorite war-horse. I dismounted, examined the wound, and found the *hole* of a minie ball, which had shattered the left clavicle and

lodged just under the skin near the superior margin of the scapula. The General asked: "Do you find the ball?" I replied that I had, but as it was uncomfortably "dusty," I thought we had better move back. He said with his usual emphasis: "Cut it out. D—— the 'dust.' You must be frightened!" I replied: "I am, General, and if you were half as badly frightened as I am, you would run, or perhaps fly." This amused him, and he consented to being carried to the rear.

In September General Pickett was able to return to his command. In October he was made a Major-General, and put in command of a division, which was known as "Pickett's Virginia Division." His staff was organized as follows: Col. Charles Pickett, A. A. Gen.; Lieut.-Col. Walter Harrison, Inspector Gen.; Maj. Charles W. Chancellor, Chief Surgeon; Maj. Jas. A. McAlpine, Medical Inspector; etc., etc. I am now, as far as I have been able to ascertain, the only member of the staff living, except Capt. Stuart Symington, of Baltimore, who was an Aide-de-camp.

The division was in almost every engagement from Fredericksburg, in December, 1862, to Gettysburg, in July, 1863. At Fredericksburg the division numbered 12,000, rank and file. At Gettysburg it came out of the fight with less than 1,000 men: but its name was covered with laurels of imperishable fame. In the famous charge up Cemetery Hill, led by General Pickett, every brigade commander was killed, except General Kemper, who was desperately wounded; of the whole complement of field officers, in fifteen regiments, one only escaped unhurt, and a large majority were killed outright. For want of space, and fear of taking up too much time, I forbear to give the names of these intrepid spirits, but their memory will remain forever impressed upon the nation's history, more enduring than monumental brass or sculptured marble.

When the great Simonides thrilled the Grecian heart with his noble epigram on the Spartan struggle at Thermopylæ, it is said that one of his compatriots who read the touching words, "Stranger, go tell at Lacedemon, that we fell in obedience to her laws," asked with tremulous emotion why the names of those

who fought in that fearful death-gorge were not mentioned. "Because," was the proud reply, "it is impossible for any Greek ever to forget them." In such high and lasting honor will be held all those Southern heroes who fell at Gettysburg.

The corps of surgeons stood ready, as always, to perform their allotted part; but they were not permitted to do so by the Federal commander. General Lee sent more than one flag of truce asking for the privilege of looking after his dead and wounded lying on the battlefield, but it was denied him. General Meade was evidently not in a conciliatory or cheerful state of mind upon his *negative victory*. If General Lee in his bruised condition was forced to go, General Meade was in no condition to follow.

Immediately after the battle General Lee wrote to General Pickett: "No one grieves more than I do at the loss suffered by your noble division in the recent conflict, or honors it more for its bravery and gallantry. It will afford me satisfaction to do all in my power to recruit its diminished ranks."

This battle was the beginning of our descent to Avernus; but we had yet to attain the Stygean shades of subjection by the most rugged path.

Coming to you as a Southern brother and a professional *confrère*, I wish, in conclusion, to speak of the work of national reconciliation. I wish to speak of the true relations which should exist between the citizens of all the States—of the necessity of eliminating every vestige of local jealousy and sectional prejudice from the Republic, and of the vital importance of promoting fraternal feelings. We are all children of the same country, and have an equal share in the same heritage. In the earnest plea I make for *National Reconstruction*, I need offer no apology, being, as I am, a Southerner in every fiber of my body, a Democrat in every sentiment of my soul, and a Virginian in every impulse of my heart. But I speak for no party, I speak for a common brotherhood—as proud of the title of an American freeman as the old Roman was of his birthright, when standing on the Palatine Hill, close by the yellow Tiber, he thanked the gods he worshiped that he was a Roman citizen. *The Union Esto perpetua!*

## *Obituary.*

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### DR. JOHN R. BUIST, OF NASHVILLE, TENN.

DISTINGUISHED as citizen and soldier, surgeon and physician, attaining an age of more than threescore and ten, leaving as a rich heritage a life well spent and full of good deeds, Dr. John Robinson Buist died at his residence in this city, 213 Eighth Ave., N., on Tuesday morning, Oct. 24, 1905. He had been in bad health for some weeks, and had recently returned from Rochester, Minn., where he underwent an operation for rectal carcinoma by the Drs. Mayo, which from the nature of the case was unsuccessful. The end came quietly and peacefully, and just prior to his death he contributed a very valuable paper on "Purification of Our Water Supply," which was submitted to the city Board of Health, of which he was a member, on the day preceding his death.

Dr. Buist was a South Carolinian by birth, Charleston being the city in which he first saw the light of day, on Feb. 13, 1834. His grandfather, George Buist, D. D., was a native of Scotland, and came to America in the latter part of the eighteenth century to fill a Presbyterian pulpit at Charleston. He married Mary Somers, of English parentage. Four sons resulted from that union, one of whom, Edward T. Buist, father of the subject of this sketch, was likewise a Presbyterian preacher, and married Margaret Robinson, daughter of a Charleston cotton planter.

Dr. Buist's boyhood was passed on a farm in one of the mountain counties of South Carolina, and his early education was obtained from his father. He graduated at the South Carolina College, and entered the office of Dr. J. D. Cain at Charleston, S. C., to begin the study of medicine. In 1856 he left for New York City, where he entered upon a course of study under Dr. T. Gaillard Thomas. He took an M. D. degree at the University of the City of New York in 1857. Immediately following he served a full term as interne in the famous Bellevue Hospital

at New York. Following this he completed his medical studies in Europe.

On his return to the United States, in the winter of 1859-60, Dr. Buist took up his residence in Nashville, and entered here into the practice of his profession. When the Civil War broke out, he enlisted as a private in the famous Rock City Guards. When Maney's First Tennessee Regiment was organized, with Col. George Maney at its head, Dr. Buist was chosen as assistant surgeon, and was promoted to the rank of Surgeon in the spring of 1862. He remained with the famous regiment throughout the war, facing the leaden hail of the messengers of death on the battlefield of Perryville and other famous fields. Most of his time was devoted to active field duty; some of it in hospital service. As brigade surgeon he passed through some of the most arduous campaigns of the war, and was called on to do most of the operating for Cheatham's Division.

While in charge of a part of the wounded of Hood's army, after the battle of Nashville, in December, 1864, he was captured. Two months later he was released and rejoined the Confederate army in North Carolina. He was under Gen. Joseph E. Johnston when the latter surrendered at Greensboro, N. C.

He was married in 1867 to Laura, daughter of Gen. W. W. Woodfolk, who died about fifteen years ago. Three children resulted from the union, but two died in early infancy. He is now survived by his son, Dr. William E. Buist, of Nashville, Tenn.

In the death of Dr. Buist, Nashville and the community at large will suffer a distinct loss. For many years the deceased had been one of the foremost practitioners of his chosen profession in this section of the country, and his able and generous service to the municipality as a member of the City Board of Health, his earnest, painstaking, and conscientious labors for the advancement of the public weal and health, made him invaluable, and one to whom the public could well lay claim as its benefactor.

Dr. Buist was an active member of Frank Cheatham Bivouac, and during the last reunion here was Chairman of the Parade Committee, which responsibility he filled in a most efficient man-

ner. He was a general practitioner, including in his branches surgery, gynecology, and obstetrics. For a while he was Professor of Surgery at Sewanee. He was a member of the Edinburgh Medical Society, of the American Medical Association, the Southern Surgical and Gynecological Association, the Medical Association of Tennessee, the Nashville Academy of Medicine, being at one time its President, and the Alumni Association of Bellevue Hospital.

The funeral services were held at Christ Church, Rev. F. F. Reese, the Rector, officiating, a large congregation, embracing a number of the leading citizens and a few of his old comrades, being present. The Ritual of the Bivouac was read by the Commander, and responses were made by the members of Frank Cheatham Bivouac, standing around the bier, at the close of the beautiful Episcopal funeral services, and the remains were interred at Mt. Olivet on the afternoon following his death.

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DR. JOHN A. OCHTERLONY, of Louisville, Ky., died on October 9, at the age of sixty-seven years. He was graduated from the University of the City of New York in 1861. Dr. Ochterlony was Professor of the Practice of Medicine in the University of Louisville, and was knighted several years ago by King Oscar of Sweden and by Pope Leo XIII.

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DR. P. EDWARD ANDERSON, of Rodophil, Va., died July 24, aged sixty-seven years, in Richmond, where, owing to ill health, he had resided during the past few months for the purpose of treatment. Dr. Anderson graduated at the Jefferson Medical College in 1859. During the first years of the Civil War he served as a trooper in the Third Virginia Cavalry, though later he was given duty in the Medical Department. He practiced medicine the greater portion of his life in Amelia County, where he was highly esteemed. He joined the Medical Society of Virginia at its last session. Three daughters, one of whom is married, survive him.—*Va. Med. Semi-Monthly, Aug. 11, 1905.*

DR. O. B. HICKLIN died at his home in New London, Mo., on June 28. He was born near Madisonville, Mo., Sept. 24, 1833, and was educated in the common schools of his native State. He was graduated in medicine from the College of Physicians and Surgeons of Keokuk, Iowa, in 1876, and practiced in Missouri during his entire professional life. During the Civil War he served in the Confederate army under General Price.—*N. Y. Med. Record, August, 1905.*

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### *Editorial.*

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#### THERE ARE MORE THINGS 'TWIXT HEAVEN AND EARTH THAN DREAMED OF IN THY PHILOSOPHY, HORATIO!

THE leading editorial in our most valued exchange, the *N. Y. Medical Record*, Oct. 21, 1905, on "The Therapeutics of Sunlight" is of more than passing interest in these days of new remedies and new developments in medicine and surgery, and suggests a return to, or a revival of, some of the very old but most valuable remedial measures that have been permitted to pass into "innocuous desuetude"—so long relegated to the past and laid aside that the memory of man, or his delving in the ashes and dust of the centuries, will find it difficult to bring them again *to light*.

We give in full the editorial, which is as follows:—

"Physical methods have come to occupy an important position in therapeutics, and perhaps the most notable development in this field during the last decade is concerned with the application of light for the cure of a variety of pathological processes. It is really important that the physician keep in touch with the advances in this field, for some of them have already been exploited and it must be admitted with considerable success, by the nature healers and other irregular practitioners. Various sources of light have been employed, but it has been found that sunlight is the most intense of all. Its efficiency is affected, however, by the state of the atmosphere, particularly by its humidity, for the latter greatly retards the chemical rays, though it has little effect on those of a thermal nature. It is quite evident, therefore, that a high altitude and a clear, dry climate constitute very important factors in the application of heliotherapy.

"The beneficial effects of sunlight have been known to the peoples of the earth from very early times, and we find repeated references to its

use in the writings of the old Greek physicians. The subject was again rejuvenated during the last century, and has received considerable scientific attention more recently. The favorable effects of general sun-baths may be traced to the factors of increased perspiration, with a corresponding increase in the excretion of deleterious substances; a prolonged hypervolemia of the skin, resulting in a derivation of the blood from the internal organs to the surface of the body; a stimulation of the metabolic processes; a direct and peculiar action on the blood and the vessels; and finally a bactericidal effect in the superficial layers of the skin. The indications for the use of sun-baths may be found in diseases of metabolism (diabetes, gout, etc.,) in congestions in the internal organs (cardiac defects, asthma), and in anemia, chlorosis, general weakness or protracted convalescence, skin diseases, scrofula, and rickets.

"The modern system of local light therapy owes its development largely to the efforts of the late Prof. Finsen of Copenhagen. He based his theories of treatment on the bactericidal properties of sunlight, but later also employed the rays from an electric arc, as being more convenient. The splendid results he obtained in lupus and other parasitic dermatoses are well known. The extension of the method to other surgical affections has been greatly developed by Bernhard, of Switzerland, who has also been favored with very satisfactory results. In a recent contribution to the *Zeitschrift fur diatetische und physikalische Therapie*, August, 1905, he describes his observations made at a sanatorium in the Engadin, at an elevation of over 5,000 feet, with a southerly exposure. This location was favorable not only because the rare atmosphere allowed the chemical rays full play, but also because the general temperature was low enough to permit sun-bathing without any discomfort being produced by the heat. Bernhard reports successful cures in lupus from exposure during a considerable period to the rays of the sun alone without the use of any accessories. Furuncles, phlegmonous processes, and all streptococcus infections were greatly improved, and the results in tuberculosis of the superficial glands and joints were very favorable. In addition to bactericidal powers, the sun's rays also possess other therapeutic properties. Epithelial formation is visibly promoted by exposure to the sunlight, and flabby granulations are stimulated to renewed and healthy growth. The same author, in another paper, in the *Zeitschrift fur Chirurgie*, July, 1905, also notes the favorable action of sunlight in cases where a transplantation of skin flaps has been performed, the adhesion of the flaps and their final attachment being markedly hastened.

"The suggestions contained in these are interesting and timely, and among other things may exert an influence upon our present methods of wound treatment. Occlusive dressings have been quite universally employed for both primary and secondary wounds, although there is apparently no reason why, after the danger of infection is once past, factors

with such well marked healing tendencies as have been proved to be associated with sunlight and fresh air, should be entirely excluded. Sunlight is an agency which is easily obtained and readily applied, and as a therapeutic factor in surgical procedures, it is deserving of more extended attention and study."

In the neighborhood of two decades ago a young friend of ours in whom we had a warm interest as a devoted, earnest, and untiring student, then an assistant surgeon in the U. S. Navy, subsequently promoted to surgeon, and now on the retired list by reason of disability, having almost entirely lost the God-given gift of vision by too earnest a devotion to science, Dr. W. L. Arnold, a Tennessean, and a graduate of the Medical Department of the University of Tennessee, afforded us the pleasure and opportunity of publishing an original communication in the pages of this journal, in which he called attention to certain therapeutic properties of sunlight. He gave some very interesting views, including a clinical report of removing "a wine mark," that so dreadfully mars the "human face divine," by the use of concentrated sunlight, his method of concentration being quite simple, using only an ordinary magnifying glass with a handle, familiarly known as a "sun-glass," with which we have seen many a schoolboy amusing himself and companions more than half a century ago. The cosmetic result was very gratifying.

"Solar rays (sunlight)," says Joseph McFarland, of Philadelphia, in "Cohen's System of Physiologic Therapeutics," vol. V, p. 46, "have a marked influence on the general nutrition, increasing tissue oxidation and the elimination of carbon dioxide. Locally they alter the accumulation of pigment in the skin, causing freckles and tan. If the action be more intense or prolonged, erythema, desquamation, vesiculation, and even superficial eschars may result, except in the habituated."

Light is not always needed for, and in many instances it is detrimental to, bacterial growth. Exposure to the direct rays of the sun, and even diffused sunlight, not only inhibits the growth and development of, but often destroys many bacterial forms; and even the most virulent forms are attenuated thereby. And most important of all, according to Koch, the tubercle bacilli are quickly killed by direct exposure to solar rays, the time varying, according to circumstances, from a few minutes to several hours; while the *diffuse rays* alone will kill these organisms in five, six, or seven days, their virulence gradually diminishing prior to their death.

From an experience of more than forty years in active practice, I, as well as many others, have observed that nothing in the whole armamentarium of medicine has done as much good in arresting the ravages of the "Great White Plague" as life in the open air, and in a locality in which we find an excess or abundance of sunlight. Yes, "kitchen physic" and sunlight has given me far more satisfactory results than

any other remedial agents. Take the localities in which the tuberculous individual has been demonstrated to have the "best show for his life," and there you will find that sunlight is a more abundant and lavish gift than elsewhere.

Yes, indeed, is sunlight a most valuable therapeutic agent, and not sufficient attention has been paid thereto. Cod liver oil, the hypophosphites, alcohol, etc., may aid and assist, but of paramount importance is the influence of the magnificent "God of day." The trouble with us is that we are prone to place too much dependence on drugs, when there are other means at hand that are of far more importance, the erroneous idea being that they are too common, or seem too commonplace.

In this connection we desire to mention that we have been very much interested in a little monograph by Achilles Rose, M. D., of New York City, of about 250 duodecimo pages, published by Messrs. Funk & Wagnals Co., a brief review of which will be found in this number, his subject being "Carbonic Acid in Medicine." Now we were taught, others were taught, years and years before our time, and medical students are being taught to-day, that this is one of the important waste products of the animal economy; furthermore, others of the laity know as well as the veriest tyro in medicine, that carbon dioxide is lethal to man as well as other animals. Yet Dr. Rose gives some very important and valuable lessons, showing that this, like many other deadly poisons, is in a number of instances a very valuable therapeutical agent. Nay, further, he cites the fact that more than fifty centuries ago the Israelites, later the Jews of the time of "The Man of Galilee," yet later, Paracelsus, von Helmont, Lavoisier, Priestly, "the father of chemistry," the discoverer of oxygen; Percival of Manchester, Hey and Warren, his contemporaries, L'Abbe Magellan, and a number of others living and actively engaged in medical practice one hundred and fifty, one hundred, aye, fifty years ago, recognized valuable therapeutic properties in this compound of oxygen and carbon. Verily, verily, we often "*look too far afield.*"

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#### "BRONZE JOHN."

As we anticipated, and so stated in our September issue with a confidence based upon the results obtained in Havana and other portions of "The Queen of the Antilles" in quite recent years, yellow fever is now a thing of the past in New Orleans. At this writing, October 24, seven days have gone by and not a single death; and the same may be said of the towns and villages of both Louisiana and Mississippi, although it yet lingers and may for some few days longer at Pensacola.

It may be claimed by pessimists that this is but the natural sequence of the "passing of the days," and the approach of winter, as has been

the case time and again in years ago; however, we can claim that the grim monster never before loosed his fangs so early in the season in the Crescent city; and again, has any visitation in previous years ever been attended with so low a mortality? Just to think of it! The mortality from this disease has been reduced below that of many other infectious diseases regarded as almost harmless. No, it has not yielded its grasp this year on account alone of the approach of winter. It has been robbed of its terrors to a great extent, and has been forced to retreat largely by means of scientific observation and acting thereon.

While great credit is unquestionably due to the medical profession in New Orleans and other places involved, we cannot overlook the important aid given by the National Government acting through the Public Health and Marine Hospital Service, and no small meed of praise is due to the people and the physicians of the sections infected, for the unanimity with which they put personal pride for the time being in their pockets, and accepted this most valuable assistance tendered them in their hour of need. No stronger argument has ever been made in behalf of "*A Department of Public Health.*"

And now, as to Madame Stegomyia Fasciata — "Vale in pace." You may still claim, so far as our beautiful Southland is concerned to be "*adscriptus glebae,*" but we have learned to clip your wings!

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ANNUAL COMMENCEMENT OF THE MEDICAL DEPARTMENT  
OF THE UNIVERSITY OF THE SOUTH.

THE commencement exercises for the session of 1905 were held in St. Augustine's Chapel at Sewanee, Thursday, Oct. 26, at 10 A. M., and notwithstanding the bad condition of the weather, quite a large audience was present. The opening exercises consisted of an address by Prof. Jno. S. Cain, M. D., Dean of the Medical School, preceded by prayer by Rev. Mr. Guerry. Professor Cain announced the certificates of merit, the first honor in the School of Pharmacy being awarded to Dr. P. C. Schmidt, of New Orleans, and the first honor in the Medical School was won by Dr. Alfred S. Frazier, of Alabama, he having a number of close contestants, the scholastic standing of the class in general this year being unusually good. Misses Manuella de Ories, of Pennsylvania, and Emily Sutton, of Georgia, received certificates of proficiency in the Training School for Nurses. The valedictory address was given by Roland C. Evans, M. A., M. D., of Pennsylvania. His address was highly commended by all, tendering an affectionate farewell to faculty and associates, it bore testimony to the excellent advantages of the school, its salubrious, picturesque, and beautiful location, and alluded to the warm fraternal feeling existing in the class; he gave his associates good and

practical advice as to the duties and great responsibilities of a doctor's life and work, and urged them to so bear themselves that each one would have a just pride in the others and their Alma Mater in them all.

The following is a list of the graduates, on whom were conferred the degree of Doctor of Medicine, twenty States being represented in the class:—

W. J. Babin, M. Ph., La.; C. C. Brown, Ala.; W. R. Butler, Ala.; G. F. Carroll, Ga.; R. C. Evans, A. M., Pa.; McP. Colmore, Tenn.; Alfred S. Frazier, Ala.; M. J. Greenstein, Pa.; G. B. Hamilton, Mass.; A. G. Harris, N. C.; E. W. Hawkins, Va.; W. B. Johnson, Ala.; E. W. Jones, N. C.; McM. Jones, Ill.; S. D. Kearney, La.; A. L. Kelley, Ph. G., Del.; J. B. McCann, Pa.; D. C. Morris, Tenn.; W. B. Noffz, S. C.; W. W. Norris, Ga.; R. J. Perry, Tenn.; C. E. Rhodes, Ala.; P. C. Schmidt, La.; J. B. Thompson, La.; Z. D. Ward, Ga.; W. A. Warfield, Va.; L. O. Whitman, Minn.

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#### THE TRI-STATE ASSOCIATION OF MISSISSIPPI, ARKANSAS, AND TENNESSEE—TWENTY-SECOND ANNUAL MEETING.

THE Tri-State Medical Association of Mississippi, Arkansas, and Tennessee will meet in Memphis on November 21-22-23, at the Hotel Gayoso. This association occupies a very important place in the estimation of the physicians of that portion of the Mississippi Valley tributary to Memphis. The attendance at the annual meetings is from three hundred to five hundred representative practitioners, and the programs are always interesting and practical. It is the best attended district medical society in the South. The meeting this year is expected to be the largest and most interesting that the Association has ever held, and all eligible physicians in the States comprising the Association are invited to be present. A rate of one and one-third fare, on the certificate plan, will be made from all points in Mississippi, Arkansas, and Tennessee. The secretary, Dr. Richmond McKinney, Memphis Trust Company Building, Memphis, will be pleased to supply any information desired concerning the approaching meeting.

Dr. Richmond McKinney, our contemporary of the *Memphis Medical Monthly*, being the very efficient, energetic, and courteous Secretary, "it goes without saying" that the meeting will be a good one. By all means go, Doctor, if you possibly can.

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HYSSTRIA is the expression of one form of nervous debility. Celerina is thus peculiarly indicated because of its tonic effect on the whole nervous system.

**MISSISSIPPI VALLEY MEDICAL ASSOCIATION.**

THE last meeting of the Association, the 32nd, held in Indianapolis was a most successful one from every standpoint, especially as regards the scientific and social features. The Association selected Hot Springs, Arkansas, as the place of meeting for 1906, a meeting not having been held at this place for twelve years or more. That meeting twelve years ago has been rated as one of the most successful the Association ever had.

The *Lancet-Clinic*, of Cincinnati, was again selected as the organ of the Association, and will be sent as before to all members who are paid up in their dues. Full stenographic report of the proceedings will be published in the *Lancet-Clinic* as rapidly as possible.

The election of officers for the ensuing year resulted as follows:—

President, J. H. Carstens, Detroit, Mich.

First Vice-President, J. Rilus Eastman, Indianapolis, Ind.

Second Vice-President, H. Horace Grant, Louisville, Ky.

Secretary, Henry Enos Tuley, Louisville, Ky. (re-elected).

Treasurer, S. C. Stanton, Chicago, Ill. (re-elected).

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**SAL HEPATICA VS. NATURAL MINERAL WATERS.**—The superiority of Sal Hepatica over the natural mineral waters that are specially recommended in the uric acid diathesis and the various forms of constipation is clearly shown by the following facts:—

By commingling lithium and sodium phosphates in proper proportions with certain of the "Bitter Water" salts, as represented by Sal Hepatica, a compound is secured that is superlatively more active than either the lithium or sodium salt alone, or, indeed, than any natural mineral water or any combination that can be effected. Recognizing this, the most eminent practitioners latterly have taken to prescribing Sal Hepatica in preference to the natural waters, with the result that the remedial action of the latter is enhanced, the untoward manifestations accruing reduced to a minimum, and their palatability materially increased.

Sal Hepatica is very effective in limiting and reducing the amount of uric acid formed within the circulation and excreted by the kidneys, and is very freely absorbed and taken into the blood, and as rapidly (along with the chemical products formed) eliminated by the excretory ducts or organs as is readily demonstrated by its presence, after a brief course thereof in perspiration and urine, the latter more particularly being doubled or trebled as to quantity and rendered decidedly alkaline.

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**FOR TAMPONING** Kennedy's Dark *Pinus Canadensis* is preferred by many.

**TREATMENT OF TUBERCULOSIS.**—Dr. Edwin L. Drake, Winchester, Tenn., urges that it should be active and energetic, and specifically directed to resolve the infected area, as the surest way to reach and destroy the bacillus and avert cavities, or if formed, to promote their exsiccation and closure, and abort new foci of infection. He has elaborated such a treatment, which has been tested by himself and others with excellent results, the lung being cleared of the deposit and cases aborted within two months, in every instance in the pre-cavital stage, and some surprising cures in the cavital.

He relies mainly on the liq. nitri. sulph. iron and zinc, iodized, a powerful vaso-constrictor and resolvent, and an active corpuscle builder, anti-suppurant, and bacillicide. He also uses strychnia, arsenic, and quinine and iodized lotions over the larynx and chest.

The rationale of his treatment is excellent, and in accord with the most advanced ideas in the drug therapy of tuberculosis. He offers to send a free trial sample of the full treatment to any physician who will send stamps for postage or pay express charges.

With a personal acquaintance with Dr. Drake for many years, we can sincerely recommend that any reader of this journal who may be interested in this subject, give his suggestions a trial. He has long given this subject careful and thorough investigation. A man of mature age and well poised mind, having served with credit and distinction throughout the war between the States, a regular practitioner whose diploma dates back toward the middle of the last century, his experience has been large and varied.

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**WINE VS. COCA.**—H. W. C., Boston, Mass., writes to the editor of the *Coca Leaf*: I ask a pertinent question, yet one made in all sincerity, which I am sure many of your readers will be glad to have answered. Is not the influence of the wine in Vin Mariani more important, and really more serviceable, than the Coca it contains?

Vin Mariani is primarily a Coca preparation, and its properties are those of true Coca, the delicate volatile principles of which are conserved and rendered more effective by the added influence of the mild Bordeaux wine. The physiological effects of Coca are enhanced by the initial stimulation of the wine, which speedily gives place to the prolonged benefits of the drug. On the other hand, the after-effects of even a mild alcoholic, when taken alone, are wholly masked by the influence of the Coca of this unique combination. There are numerous instances when Vin Mariani has been employed to support life during protracted periods to the exclusion of all other forms of nutriment. A result which could not be achieved by merely wine alone.—*Coca Leaf, January, 1905.*

**NOTES ON A CASE OF PERIMETRITIS.**—I was called to see a female patient in the city on October 12, 1904. On arrival I found her with fever, temperature 102 degrees, tongue coated, pulse rapid, bowels constipated, urine scanty and high colored, pain and tenderness over the hypogastric region as well as in both iliac fossæ, vagina hot (as told by native *dhai*) but no discharge. On palpation the uterus was found hard and on inquiry it was found that the present complaint was due to abortion and exposure to cold. I diagnosed the case as perimetritis associated with ovaritis and prescribed:—

- (1) Calomel gr. 1-4. One every three hours.
- (2) Antikamnia & Heroin Tablets. One every four hours.
- (3) Turpentine stupes over the seat of pain.
- (4) Liquor Morphia, 15 minims at night, *if no sleep*.

Oct. 13.—Pain less than before, had a good sleep for four hours. Continued the same treatment.

Oct. 14.—Pain less than the previous day, had good sleep without morphia.

Oct. 15.—Pain considerably less, patient could walk with the aid of stick. Good sleep. Continued same treatment but stopped turpentine stupes.

Oct. 16.—Very slight pain remaining, patient weak, otherwise well. Stopped calomel, prescribed castor oil, oz. 1, and continued Antikamnia & Heroin tablets as before.

Oct. 17.—No pain at all. Bowels moved twice. Prescribed tonic mixture. Patient getting well.

**REMARKS.**—In my opinion the recovery of this case was due to the analgesic and antipyretic properties of Antikamnia & Heroin Tablets. They are worth a trial in such conditions.—*Hukam Chand, C. M. S. Surgeon Delhi Hospital, Delhi, India, in Practical Medicine, March, 1905.*

IN VIEW OF THE NUMEROUS CHEAP SUBSTITUTES for cod liver oil and the prevailing tendency to adulterate the ingredients used in them, it is gratifying to know that Scott's Emulsion continues to maintain its high standard of excellence and that it contains such a large percentage of the pure Norwegian oil—a higher percentage than is contained in any other emulsion. In prescribing cod liver oil, we trust that you will not overlook the fact that Scott's Emulsion has been the standard for thirty years.

THE PHOSPHATES OF IRON, SODA, LIME AND POTASH, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion, General Debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. (See ad. page 17.)

**IMPORTANT NOTICE.**—Judging from communications recently received, our reference to the "stegomyia fasciata" in connection with the "stegomyia punctata" has caused some physicians to suppose that we recommended Tongaline for yellow fever. This we emphatically disclaim.

The mention of these two species of mosquitoes was for the purpose of indicating that the mode of inoculation of yellow fever and malaria was precisely the same, and a careful reading of our statement will show that we had no intention to suggest that Tongaline was indicated in yellow fever, but on account of its pronounced eliminative action it did possess decided therapeutic value in the treatment of malaria.

We regret exceedingly that the notice referred to should have been misunderstood or misconstrued by anybody.

MELLIER DRUG COMPANY, ST. LOUIS, Mo.

The following is a copy of the reading notice which recently appeared, and an unbiased and unprejudiced mind can readily see just what was intended.—ED. S. P.

"Stegomyia fasciata has produced an epidemic of yellow fever in certain sections of Louisiana and adjoining states.

"Stegomyia punctata has inoculated thousands with virulent malarial germs throughout the balance of the Mississippi Valley.

"Tongaline, Mellier, in one of its forms as indicated, antagonizes and destroys the effects of these parasites on account of its extraordinary eliminative action on the liver, the bowels, the kidneys and the pores, whereby the poison is promptly and thoroughly expelled."

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**A POSITIVE FACT.**—The profession generally has come to recognize Scott's Emulsion as one of the best available remedies in the treatment of anaemic children and pale young girls. To those who have not tried Scott's Emulsion in such cases we would be glad to refer them to specific cases and would suggest an early trial of Scott's Emulsion in any particularly stubborn case of anaemia, rickets, chlorosis or marasmus.

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**CYSTITIS.**—The treatment of cystitis should be direct and indirect; whether it be due to gonorrhœa, obstruction or any other cause, the management is essentially the same. Here, rest is of first importance; such a condition of quiet is, at times, necessary that on the surface of the urine in the bladder there is not a wave or ripple.

The hips should be raised and the urine kept from the bladder neck; the general health should be cared for, and the use of such demulcent diuretics as will flush out the bladder with minimum discomfort. For the accomplishment of this purpose, the following is of service when the urine is alkaline and much decomposed.

R. Cystogen tablets, aa, 5 gr. No. XXV.

Sig.—One in a glass of water after each meal.

FAIRCHILD'S ESSENCE OF PEPSINE is obtained by direct extraction from the fresh stomach glands and presents the active ferments and all the essential organic and inorganic soluble constituents of the gastric juice in their natural association.

Fairchild's Essence of Pepsine is a clear, bright solution, devoid of all suggestion of animal origin; is highly agreeable, carminative and stomachic, and these qualities enhance its therapeutic effects as an extract of the gastric juice.

Fairchild's Essence is a veritable gastric juice extract, absolutely constant in all respects—enzymic characteristics, composition, physical and physiological properties, and of a therapeutic value established by many years of clinical experience; contains the entire gastric juice constituents in their normal association, its enzymic nucleo-proteid physiologically bound to the hydrochloric acid.

This extract of the gastric juice—Fairchild's Essence—is a rigidly standardized product, sterile, stable, wholesome, and highly agreeable. *Fairchild's Essence of Pepsine is*—

An aid to digestion—for both adults and infants.

An aid to the toleration of drugs which disturb digestion and impair the appetite—given at the same time or immediately following their administration.

A vehicle, by far the best available—for the iodides, bromides, salicylates, mercurials etc., and for many tonics.

A reliable and wholesome rennet agent—for making junket and whey as foods for invalids and infants.

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WAYNE'S DIURETIC ELIXIR.—For more than twenty years we have been using with the greatest degree of satisfaction the above well known preparation in all cases requiring a gentle, certain, mild, and unirritating diuretic. It is the formula of Dr. Wayne, who had given unusual consideration to vesical and renal pathology, and his combination consists principally of buchu, juniper, and acetate of potash, combined in such a way as to make it a most valuable aid in the treatment of all cases of renal or vesical irritation needing gentle stimulation and avoidance of irritation, the latter being greatly allayed when present. We have found it particularly beneficial in urethritis especially, and for many years it has been the only internal medication we have used in these cases, especially specific urethritis, outside an occasional laxative. With quite a number of our professional friends in this city it has become both a "stand-by" and a standard.

VAGINITIS AND URETHRITIS.—Mrs. C. Age 21. Acute Vaginitis and Urethritis, due to Gonorrhœal infection.

Treatment: Local injections of Tyree's Pulv., 2 teaspoons to 1 qt. warm water. Used 3 times daily.

Results *very good*. Cured in about one week; never saw so rapid a cure.

E. MILLER, M. D., *Chief Surgeon, Newark Emergency Hospital.*

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## Reviews and Book Notices.

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INTERNATIONAL CLINICS.—A Quarterly of Illustrated Clinical Lectures and especially prepared Original Articles by leading members of the Medical Profession throughout the world, edited by A. O. J. KELLY, A. M., M. D., Philadelphia, Pa., with a large list of able and competent collaborators. Vol. III. Fifteenth Series, 1905. Illustrated, cloth, 302 pages. Price \$2.00. J. B. Lippincott Co., London and Philadelphia, Publishers.

This is truly a magnificent volume of the well-known "International Clinics," and it is a marvel of even the present day of advanced book-making that so valuable and handsome a volume could be published for the very moderate cost. This volume contains a large number of splendid illustrations, many of them illustrating special forms of skin lesions, in which special line of study they are so advantageous.

We may mention some of the special articles, any one of which is well worth the price of the volume, such as "Therapeutic Uses of the Röntgen Rays," by Geo. C. Johnston, M. D.; "Serumtherapy," by Jno. W. Wainright, M. D.; "Injuries and Lesions Following the Toxic Use of Alcohol," by T. D. Crothers, M. D.; "Syphilitic Necrosis of the Frontal Bone," by A. H. Ohman-Dumesnil, A. M., M. E., M. D., Ph. D.; "Gonorrhea and Conjunctivitis," by Wm. Geo. Sym, F. R. C. S., Edinburg; and "Cirrhosis of the Liver," by Richard Kretz, M. D. However, this is but a small part of the valuable contents of the volume.

THE NATIONAL STANDARD DISPENSATORY, Containing the Natural History, Chemistry, Pharmacy, Actions, and Uses of Medicines, including those recognized in the Pharmacopeias of the United States, Great Britain, and Germany, with numerous references to other Foreign Pharmacopeias. In accordance with the United States Pharmacopeia, 8th decennial revision of 1905 by authorization of the Convention. By HOBART AMORY HARE, B. Sc., M. D., Professor of Therapeutics in the Jefferson Medical College, Philadelphia, Member of the Committee of Revision of the U. S. P.; CHARLES CASPARI, Jr., Ph. G., Phar. G., Professor of Pharmacy in the Maryland College of Pharmacy, Baltimore, Member of the Committee of Revision of the U. S. P.; and HENRY H. RUSBY, M. D., Professor of Botany and Materia Medica in the College of Pharmacy of the City of New York, Member of the Committee of Revision of the U. S. P. Imperial octavo, 1858 pages, 478 engravings. Cloth, \$7.25, *net*; leather, \$8.00, *net*. Thumb-Index, 50 cents extra. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

To practitioners of medicine and pharmacy this new work of the highest authority is of great importance. It contains, by authorization of the Convention, every article in the new edition of the U. S. Pharmacopeia, together with such explanatory notes and instructions as are necessary to a full understanding of the brief official statements. In addition it covers the essentials of the latest foreign Pharmacopeias, and the very important domain of unofficial drugs and preparations so largely in use. Of its authors, Dr. Rusby has treated the department of Pharmacognosy, including the minor as well as the major drugs of the entire globe, a service never before rendered; Prof. Caspari deals with Pharmacy, giving full information regarding methods and products, with descriptions and explanations of the most approved apparatus and tests; and Dr. Hare has written the section on Medical Action and Uses, giving a direct and compact presentation of modern therapeutics. An Appendix of 60 pages contains all necessary tables, formulas, tests, etc., for practical use. The General Index, of about 90 pages, contains full reference to every page in the text, making it a repertory of the world's knowledge of drugs, and the Therapeutical Index, of about 40 pages, contains, under the name of each disease, references to all the medicines employed in its treatment, leading the reader to

the points in the text where the conditions indicating their employment and choice will be found. In a word, the National Standard Dispensatory is a new, practical, and authoritative work containing information on all substances used in medicine and pharmacy at the present day. The volume is embellished with no fewer than 478 new and instructive engravings in the text.

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**MATERIA MEDICA AND PHARMACY.**—By REYNOLD WEBB WILCOX, M. A., M. D., LL. D., Professor of Medicine in the New York Post-Graduate Medical School and Attending Physician to the Hospital; Consulting Physician to the Nassau Hospital; Visiting Physician to St. Mark's Hospital; Vice-Chairman of the revision committee of the United States Pharmacopœia; etc., etc. 8vo, cloth, pages 624. Price, \$2.50, *net*. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia. 1905.

This is the first of two volumes prepared by Dr. Wilcox, based upon the fifth edition of White and Wilcox's "Materia Medica, Pharmacy, Pharmacology, and Therapeutics." In that the author is Vice-Chairman of the Revision Committee of the U. S. Pharmacopœia, it goes without saying that these two volumes have been prepared in accordance with the new standards given in the eighth decennial revision of the great pharmacal authority.

"Materia Medica and Pharmacy" is classified in accordance with the natural order. The second book, "Pharmacology and Therapeutics," which is nearly ready, is classified in accordance with the uses and physiologic action of the drug, and will be an exhaustive account of the action and use of both official and unofficial remedies.

The author's object in these two works has been to thoroughly, exhaustively, and yet as concisely as possible, cover his subject, modeling it along lines agreeing with the most modern methods of teaching, in order that it may most indispensably appeal to teachers and students of medicine and pharmacy.

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**PRACTICAL MASSAGE IN TWENTY LESSONS.**—By HARTVIG NISSEN, Instructor and Lecturer in Massage and Gymnastics at Harvard University

Summer School; Director of Physical Training, Brookline Public Schools; former Acting Director of Physical Training, Boston Public Schools; former Instructor of Physical Training at Johns Hopkins University and Wellesley College; former Director of the Swedish Health Institute, Washington, D. C., etc., etc.; author of "Swedish Movement and Massage Treatment," "A, B, C of Swedish Educational Gymnastics," "Rational Home Gymnastics," etc. With 46 original illustrations. 168 pages, 12mo. Price, extra cloth, \$1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This is a very excellent little manual on practical massage, and it will prove of value to students, nurses, and those practitioners who desire to keep fully up with so important a therapeutic aid. Its twenty lessons are eminently "practical," and it contains much indeed in its small compass.

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A TREATISE ON THE NERVOUS DISEASES OF CHILDREN FOR PHYSICIANS AND STUDENTS.—By B. SACHS, M. D., Alienist and Neurologist to Bellevue Hospital; Neurologist to the Mt. Sinai Hospital; Consulting Physician to the Manhattan State Hospital, East and West; Ex-President of the American Neurological Association, etc., etc. 8vo, cloth, 571 pages, illustrated, second edition, revised. Wm. Wood & Co., New York, Publishers. 1905.

Dr. Sachs has received a warm measure of praise both in this country and Europe for the first edition of his excellent work on nervous diseases in children; and translations have been made into German and Italian, and a French edition is to be brought out very soon. It has been of great service to teachers of medicine and pediatrics, and writers on these branches have made use of it in their text-books quite freely. Every chapter in this edition has been carefully and thoroughly revised, and much new matter has been added. A comparison of the two editions of the book, the first being in its day regarded as fully up to date, will show that important advances have been made in neurology and the allied sciences within recent years.

The publishers have done full justice to so excellent a work, and as is usual with everything that emanates from Wm. Wood & Co., it is printed and bound in most excellent manner, on the finest book-paper.

A MANUAL OF DISEASES OF THE NOSE, THROAT, NASO-PHARYNX, AND TRACHEA. For the use of Students and Practitioners.—By CORNELIUS G. COAKLEY, M. D., Clinical Professor of Laryngology in the University and Bellevue Hospital Medical College, New York. New (3d) edition, in one 12mo volume of about 575 pages, with 118 engravings and 5 colored plates. Cloth, \$2.75, net. Lea Bros. & Co., Publishers, New York and Philadelphia, 1905.

This is a compact manual answering well for the needs of both students and practitioners. Special attention has been given to examinations, diagnosis, and treatment. The author has selected from among the many medicinal and operative methods those which, in his judgment, are the best, and full details are given for the benefit of those who have not had the advantage of practical clinical instruction. The work is fully in accord with the most recent accepted views of pathology and therapeutics. Each article has been carefully considered and made to conform to the advances in diagnosis and treatment.

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A TEXT-BOOK OF THE PRACTICE OF MEDICINE.—By JAMES M. ANDERS, M. D., Ph. D., LL. D., Professor of Medicine and of Clinical Medicine at the Medico-Chirurgical College, Philadelphia. Seventh edition, revised and enlarged. Octavo of 1297 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, \$5.50 net; sheep or half morocco, \$6.50 net.

A sale of over 22,000 copies and the attainment of a seventh edition seems sufficient recommendation for any book; in fact, Anders' Practice does not now need any recommendation—it is too well known. As in the former editions, particular attention is bestowed upon inductive diagnosis, differential diagnosis, and treatment. Regarding differential diagnosis, we notice with much satisfaction that the many diagnostic tables of simulating diseases have been retained. The clinical value of these tabulated points of distinction is beyond cavil. Numerous new subjects have been introduced, among which are: Rocky Mountain Spotted Fever, Examination of Patients for Diagnosis of Diseases of the Stomach, Splanchnoptosis, Cambridge's Test for Glycerose in the Urine, and Myasthenia Gravis. Certain other

individual affections have been entirely rewritten and important additions have been made to the diseases which prevail principally in tropical and subtropical regions. The seventh edition of Dr. Anders' Practice maintains the reputation of the work as the best practice before the profession to-day.

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A TEXT-BOOK OF DISEASES OF WOMEN.—By BARTON COOKE HIRST, M. D., Professor of Obstetrics, University of Pennsylvania. Second edition, revised and enlarged. Octavo of 741 pages, with 701 original illustrations, many in colors. Cloth, \$5.00 *net*; sheep or half morocco, \$6.00 *net*. Philadelphia and London. W. B. Saunders & Company, 1905.

Dr. Hirst may well be congratulated upon the publication of such a work as this, a second edition of which has just appeared. Written on the same lines as his "Text-Book of Obstetrics," to which it may be called a companion volume, it gives every promise of attaining a similar success. The palliative treatment of diseases of women and such curative treatment as can be carried out by the general practitioner have been given special attention, enabling physicians to treat many of their patients without referring them to a specialist. Indeed, throughout the book great stress has been laid upon diagnosis and treatment, and the section devoted to a detailed description of modern gynecic operations is without doubt the most clear and concise we have yet read. In this second edition the revision has been thorough, introducing, however, only such matter that promises or has been demonstrated to be of permanent value. Forty-seven new illustrations have been added and thirty of the old ones replaced, the work now containing a collection of seven hundred and one beautiful original illustrations, many of them in colors. We take much pleasure in recommending Dr. Hirst's work to the medical profession generally.

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ABDOMINAL OPERATIONS.—By B. G. A. MOYNIHAN, M. S. (London), F. R. C. S., Senior Assistant Surgeon to Leeds General Infirmary, England.

Octavo of 695 pages, with 250 original illustrations. Cloth, \$7.00, *net.*  
Philadelphia and London: W. B. Saunders & Company, 1905.

It has been truly said of Mr. Moynihan that in describing details of operations he is at his best. This, his latest work, therefore, will be widely welcomed by the medical profession generally, giving as it does in most clear and exact language the preliminary technic of preparation and sterilization, as well as the actual *modus operandi* of the various abdominal operations. Mr. Moynihan's reputation in this field is international, and this work, stamped with the authority of a rare experience, is undoubtedly to become the recognized standard. Peritonitis and appendicitis, the latter of such present importance, have been accorded unusual space in a work of this kind; and the subject of chronic gastric ulcers is also excellently detailed. Throughout the entire book numerous cases have been quoted from both the author's own practice and that of other distinguished surgeons. The beautiful illustrations are all new and have been drawn especially for Mr. Moynihan's work under his personal supervision. The book is a valuable production and adds greatly to the reputation of its eminent author.

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CARBONIC ACID IN MEDICINE.—By ACHILLES Rose, M. D. of New York.  
Author of "Atonia Gastrica." 12mo, cloth, 268 pages. Price, \$1.00  
*net.* Funk & Wagnalls Company, Publishers, 44-60 E 23rd, St., New York, and 44 Fleet St., London, 1905.

This book aims to set forth the fullest facts about the healing qualities of carbonic acid gas. These beneficial properties were known centuries ago, but they strangely passed into disuse until they have now become unjustly forgotten. The work is well written, and shows much original thought. It is an unquestioned fact that many very useful remedies of the past have been lost sight of, and no little to our disadvantage and that of our clientele. A portrait of Jean Baptiste Von Helmont, who flourished from 1577 to 1644, serves very nicely as a "frontispiece."

TEXT-BOOK OF CHEMISTRY, for the use of Students and Practitioners of Medicine, Dentistry, and Pharmacy.—By WILLIAM RUSSELL JONES, M. D.; Ph. G., Professor of Medical Chemistry and Toxicology, and Lecturer on Medical Diagnosis in the University Medical College; visiting physician to the Virginia Hospital, Richmond, Va., 8vo., cloth, 462 pages, illustrated. Price, \$2.50. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, 1905.

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The author has endeavored to include in this volume all that is needed in chemistry for students of medicine, dentistry, and pharmacy, and, at the same time, care has been exercised to avoid the introduction of unnecessary material.

The text is based upon a system of teaching which has been successfully followed for nine years; and the subject is presented in an inductive manner, commencing with simple statements and avoiding technical terms, until the student has begun to acquire familiarity with his work. The great trouble with most teachers of chemistry for medical and dental students, is, that they have attempted to teach too much—not that *too much* can be acquired, but in the effort to overtax the students in these sciences, but little if any good is obtained.

From an examination of the work, we can most heartily commend it. It is fully brought up with the latest decennial revision of the U. S. Pharmacopeia, and is in every way a fully up-to-date book.

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A SYSTEM OF PHYSIOLOGIC THERAPEUTICS, A Practical Exposition of the Methods, other than Drug-giving, useful for the Prevention of Disease and in the Treatment of the Sick.—Edited by SOLOMON SOLIS COHEN, A. M., M. D., Senior Assistant Professor of Clinical Medicine in Jefferson Medical College; Physician to the Jefferson Medical College Hospital, and to the Philadelphia, the Jewish, and the Rush Hospitals, etc., etc. Volume VII. Mechanotherapy and Physical Education, including Massage and Exercise, etc. 8vo. cloth, 420 pages, illustrated. Price \$2.00. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, 1904.

In this volume of "Physiologic Therapeutics" the subject of Mechanotherapy and Physical Education, including Massage and Exercise is ably handled by Jno. K. Mitchell, M. D., Physi-

sian to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases. Dr. Luther Halsey Gulick, director of physical training in the public schools of Greater New York, also has some valuable material on Physical Education by Muscular Exercise, with special chapters on Orthopedic Apparatus by James K. Young, M. D., Professor of Orthopedic Surgery in the Philadelphia Polyclinic. Corrective Manipulations in Orthopedic Surgery (including the Lorentz Method) is considered very ably by Dr. H. Augustus Wilson, Clinical Professor of Orthopedic Surgery in Jefferson Medical College. The volume concludes with a consideration of Physical Methods in Ophthalmic Therapeutics, by Walter L. Pyle, M. D., Assistant Surgeon to the Wills Eye Hospital of Philadelphia.

The volume contains 229 illustrations, all of the highest degree of art and science. Those illustrating massage and physical exercise are especially instructive.

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A SYSTEM OF PHYSIOLOGICAL THERAPEUTICS, A Practical Exposition of the Methods, other than Drug-giving, useful for the Prevention of Disease and in the Treatment of the Sick.—Edited by SOLOMON SOLIS COHEN, A. M., M. D., Senior Assistant Professor of Clinical Medicine in Jefferson Medical College; Physician to the Jefferson Medical College Hospital, and to the Philadelphia, the Jewish, and the Rush Hospitals, etc. Vol. V. Prophylaxis—Personal Hygiene—Civic Hygiene—Care of the Sick. 8vo. cloth, illustrated, 539 pages. Price \$2.00. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, 1903.

This work, published in 1903, has just reached us, but from an examination we find it fully as valuable as any of the series. The following well-known writers were engaged in getting up the material, which was edited by Dr. Solomon Soles Cohen, viz: Dr. Joseph McFarland, Dr. Henry Leffman, Dr. Albert Abrams, and Dr. W. Wayne Babcock.

A chapter of "special interest" in this volume is that on the various insects that are so influential in interfering with the health, happiness, and prosperity of the genus man; and Madam Stegomyia Fasciata gets the benefit of a full consideration.

But the sub-title of the volume, *Prophylaxis, Personal, Hygiene, Civic Hygiene, and Care of the Sick*, all so important and

so vital in their relations to mankind, is quite sufficient in itself to commend this particular volume to the interests of all medical men.

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## *Selections.*

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SURGICAL SUGGESTIONS.—*Nitrous oxide* narcosis can, in most cases, be continued "smoothly," with no cyanosis and with fair degree of relaxation, even for an hour. A laparotomy may be thus performed, if ether and chloroform are contraindicated. To secure such a narcosis it is best to use an apparatus that permits exhalation into the gas bag, and which has a valve for the admission of air. The bag should not be distended fully. After brief air and gas administration, air is turned off and the patient breathes N O and his own CO<sub>2</sub>. At short intervals, and whenever there is any cyanosis, a single breath of pure air is allowed.

During *narcosis*, when stertorous breathing calls for extension of the jaw, it is well to hold it forward first on one side, then on the other, alternating at short intervals. Long, continued pressure at the angle or angles of the jaw produces much soreness. Often the jaw can be kept forward by catching the lower incisor teeth in front of the upper ones (if they are strong); a single finger on the chin is enough to maintain this position.

Warming a laryngeal mirror prevents condensation of the breath upon it only for a short time. The mirror will remain bright, however, throughout a prolonged examination if, instead of warming it, its surface is smeared with an invisible film of soap.

When scissors become "catchy" their edges can often be surprisingly smoothed by carrying each blade repeatedly from lock to tip between the firmly pressing thumb and forefinger. Each kind and size of scissors has its own capacity, and should be used only for what it is intended. Ophthalmic instruments

are not intended for ordinary dissections, tissue scissors should not be used for cutting bandages, nor bandage scissors for plaster of Paris.

*A scroll-saw*, with an assortment of a dozen saws, can be purchased at the hardware store for twenty-five cents; it is ideal for resection of the small bones of the hand and foot, for amputations of the digits, etc. Well tempered carpenter's chisels and gouges, and a carpenter's wooden mallet answer the purpose admirably for bone work. A useful bone drill can also be selected from the stock of a hardware dealer. A gardener's pruning knife and a carpenter's miter saw are the best tools for the removal of plaster dressings. A cheap potato knife, rough sharpened on a stone, is excellent for cutting through starch bandages. Crochet needles are most useful for lifting buried stitches out of a sinus.

Knitting needles find another purpose as a means of rupturing the membranes when this is needed in obstetrical work. Sharp and blunt retractors may be fashioned, in an emergency, by bending the tines of a fork and the handle of a spoon, respectively. A teaspoon is also useful as an elevator of the eye, when resection of the superior maxilla is performed. An inverted tea-strainer is useful in the dressing after colostomy, to prevent pressure of the gauze upon the gut. A spoon-shaped potato cutter may be used, in an emergency, as a wound curette. Similarly, applicators, probes, and depressors may be improvised by twisting stout copper wire. The multiple surgical uses of the hairpin are also well-known. Of stouter material, if necessary, a small self-retaining speculum can be quickly made from steel wire; it often obviates the need of an assistant when searching the hand or foot for a foreign body.

*A wedge of hard wood* makes a gag quite useful, often, when administering anesthesia. A discarded thermometer case (or a hard rubber douche point) is a serviceable handle in which to mount, with candle grease or adhesive plaster, a stick of silver nitrate. Steel spring tape-measures are better than the wires generally sold for the purpose, for conducting to an X-ray tube

the current from the coil or static machine; easily kept taut, and quickly adjusted, they are safest for the patient and most convenient for the operator; that they are not insulated is inconsequential—the coverings on the regular wires do not insulate the induced current. Cheap powder blowers, such as are used for insecticides, may be employed as insufflators in surgical work, and pepper boxes are useful for dusting powders.

*Wooden skewers* are serviceable nail-cleaners. Rolling pins and kitchen towel racks are very convenient for adhesive plaster, rubber tissue, etc., especially for hospital dressings. Grocers' bags are the most serviceable receptacles for soiled dressings. Tar-paper is a smooth, fairly waterproof material to tack on the floor when preparing a room for operation.—*American Journal of Surgery.*

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CANCER.—W. L. Rodman, Philadelphia (*Journal A. M. A.*, September 30), considers the parasitic theory of cancer as far from being proved, and also thinks that there may be some over-estimation of its increase in recent times. If parasites are present, it is probable that they play a secondary part and are not the primary cause of the disease. The transmission of a cancer from one individual to another, he believes, is simply a case of successful grafting, and the rare, if not unheard of, infection of operating surgeons is also against the parasitic theory. The old theory of continued irritation of epithelial structures is still largely valid, and the minimizing of heredity has, as with tuberculosis, been carried too far. Probably more than one cause is usually operative. Comparatively little of what is written or said in regard to precancerous conditions, Rodman thinks, is based on indisputable facts. Paget's disease of the nipple, for example, is generally believed to be precancerous, but he considers the association is infrequent, and when it does occur the areolar disease is apt to be secondary. He also questions any necessary connection between phimosis and cancer. That gastric ulcer is often followed by cancer is undeniable, and that cancer of the cecum frequently follows repeated appendiceal infection he

has not the slightest doubt. In case of suspicious mammary tumors prompt operation is certainly desirable and exploration is easy, safe, and quick. In any case, a thorough operation should be prepared for as the safest course. Three conditions of mammary cancer are too much overlooked, he thinks: (1) The pathologic character of the growth influences the prognosis, schirrus and ancephaloid being less favorable than adeno-carcinoma. (2) The age of the host; metastases being more rapid in the young. (3) The location of the growth, the inner hemisphere of the gland, on account of the danger of mediastinal infection, being most dangerous and requiring most prompt operation. Rodman emphasizes the importance of complete operation in cancer, and holds that the supraclavicular glands should be explored and removed if enlarged, in all cancers situated in the upper part of the mammary gland.

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SALICYLIC ACID IN CHOLELITHIASIS.—According to Stiller (*Wien. med. Woch.*, No. 1, 1905) and Chauffard (*Berlin. klin. Woch.*, May 8, 1905) sodium salicylate is of decided value in cholelithiasis. It is given between the attacks in doses of seven grains four times daily. Fifteen one-hundredths grain extract of belladonna is usually added. The medication is continued for three or four weeks, hot applications being made over the liver for two or three hours every morning and evening. It is said to have about the same effect as a course at Carlsbad, providing the salicylate be dissolved in warm Carlsbad water.

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SAW PALMETTO IN TONSILLITIS AND ENLARGED TONSILS.—J. L. Van Zandt (*Medical Record*, June 17, 1905) has had good results in tonsillitis and enlarged tonsils from the internal use of half-grain doses of the fluid extract of saw palmetto thrice daily.

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THE PAINFULNESS of withdrawing packings that have dried in a wound may be avoided by soaking them with peroxide of hydrogen.

DISCREDITING MEDICAL EVIDENCE.—The Illinois Supreme Court holds in *C. & E. I. R. R. Co. vs. Schmitz* that where a physician testifies for the plaintiff in a personal injury case it is not proper on cross-examination to ask questions in regard to professional opinions he has given in other personal injury suits, nor to attempt to show by direct examination of other witnesses that he was interested as a medical man in a large number of personal damage suits against corporations.—*Illinois Reports*.

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A MEDICAL JOURNAL vouches for the following story: A woman who was seriously ill awoke one night to find the nurse sitting on the foot of her bed smoking a cigarette and reading a novel. Greatly startled, the patient raised herself up in bed and cried out, "What in the world are you doing, nurse?" To which the nurse replied: "Good gracious! I thought you were dead!"

—Ex.

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THYROID EXTRACT IN SCLERODERMA.—Menestriér has recently reported (*Archives gén de Méd.*, July 4, 1905) a case of scleroderma in which, despite mitral insufficiency, thyroid extract was well borne and resulted in complete recovery.

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TINNITUS AURIUM, present only in the recumbent posture, is suggestive of aneurism of one of the posterior cerebral vessels.

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SURGICAL TUBERCULOSIS, no less than pulmonary tuberculosis, calls for the most careful general treatment, post-operative and otherwise.

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THE TEMPTATION should not be yielded to to incise a psoas, hip, or other "cold" abscess, except in isolated instances, and then only under the most rigid asepsis. The production of a mixed infection means chronic sinus, chronic invalidism, and often amyloid disease.

PICRIC ACID IN ECZEMA.—Meyer (*Deut. med. Woch.*, No. 16, 1905) adds  $\frac{1}{4}$  to 1 per cent. picric acid to pastes and ointments ordinarily employed in the treatment of various forms of acute and chronic weeping and pustular forms of eczema, with most excellent results. He has never observed any irritating action or toxic effect following its use.

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Too Polite.—*Mrs. Jaspar*—“I shall never send for Dr. Veriswell when I am ill.”

*Mrs. Jumperpe*—“Why not?”

*Mrs. Jaspar*—“Because he is so excessively polite that if he found me at death’s door he would hasten to open it for me.”

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IN THE TREATMENT OF FRACTURES of the forearm no consideration is more important than the avoidance of contractures of the fingers, by the intelligent use of splints and by means of early active and passive movements.

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INVOLUNTARY URINATION very often means a distended bladder, and in old men it should at once indicate an examination into the condition of the prostate. Vomiting, too, is often caused by distension of the bladder.

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IN THE PRESENCE OF ANEMIA or of faintness, without other apparent cause, inquire concerning the passage of black stools. The condition may result from hemorrhages due to an ulcer or neoplasm of the small intestine.

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BEFORE OPERATING FOR PHARYNGEAL ADENOIDS or hypertrophied tonsils make sure that these are not merely an expression of status lymphaticus. If they are, do not employ an anesthetic. Also determine whether the patient is a hemophiliac. If he is, do not operate at all.

The "Just as good" fiends are now pirating.—Insist on

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## *Original Communications.*

### THE COUNTRY DOCTOR.\*

BY WILLIAM S. CHRISTIAN, M. D., PRESIDENT OF MEDICAL SOCIETY  
OF VIRGINIA.

IN accordance with the time-honored and inviolable custom of your Society, I am required as the president of this splendid organization to make before you an annual address.

Before entering upon the discussion of the subject of that address it behooves me to ask why I am here in this exalted capacity? I am startled, bewildered, and embarrassed by the fact that I am here at all to-night as your chosen presiding officer. Circumstances beyond my control prevented me from attending

\* Reprinted from the *Virginia Medical Semi-Monthly* of Oct. 27, 1905.  
Read at the annual meeting of the Virginia Medical Society.

the session of your body last year in Richmond. I received a letter the second day of your meeting from a warm personal friend, a distinguished member of your society, telling me if I was present I could be elected president for the coming year, but that it was an unwritten law of the Society that no one could be elected to that high position unless he was present, and urging me to come, if only on Friday. I could have gone Friday, but did not like to do so with this threat hanging over me. Then to my overwhelming surprise, on Friday night I received several telegrams of congratulation, all telling me I had been unanimously elected president of this great Society. This information, I must confess, literally took my breath away, and I have been wondering from that day to this why this unmerited honor should have been bestowed upon me in this unusual manner. That it was an honor, and a distinguished honor, no one can deny. That it was unexpected, unsought, and undeserved, no one knows better than myself. That I appreciate it, and greatly appreciate it, no words of mine can adequately express.

In casting about in my mind for some reason for this exalted honor being conferred upon me by the noblest and best body of men ever assembled in Virginia, I am, as I said, embarrassed and bewildered beyond degree. It is not because of any high scientific attainment I may have been thought to have possessed, for nothing of the sort has been claimed for me. I have been the author of no medical books, have been professor in no medical college, have been conductor of no large and popular hospital, have held no important public office, have been no politician or otherwise prominent in the public eye. I have been simply an every-day, old-fashioned country doctor, probably outstripping in years of practice nearly, if not quite, every member of this body in my record of fifty-four years. I am, however, known by many of your society as a lover of my profession and of my professional brethren; and am proud of the fact that while practicing in one community for over fifty years, having been in contact and competition with some two score of doctors, they were all my warm and professional friends, and to a half score or more I was virtually their family physician. For my known

love for my profession and my brethren, and because I am a plain old country doctor, I must conclude is the reason you have thus honored me.

Therefore, to-night I shall not discuss before you any new or obscure or scientific medical subject; shall say but little about society matters. My distinguished predecessor most ably discussed these things. My theme shall be simply "The Country Doctor."

But I must first congratulate you upon the progress of your society. You come to this, thirty-sixth annual meeting, under splendid auspices, with an increased membership, with sound financial standing, with a large attendance here of representative physicians of Virginia, many distinguished physicians as your guests from other States, and your program shows an array of papers to be read before you by distinguished authors that beats all former records of your annual meetings, and are receiving a royal welcome from the profession and people of this beautiful city by the sea—a city that all Virginians are bound to love on account of its history and its traditions and its well-assured future. Greater Norfolk, we are told, will soon be a reality, which will mean in a decade or two the largest city of the South with an industrial and commercial development that will astonish the world. The rivers and the railroads that are tributary to Norfolk are to-day emptying into her lap the richest and most valuable products of our common country. All hail to Greater Norfolk—Virginia's great seaport, the South's and West's great outlet for their wonderful productions, the attractive harbor and exporting center of the commerce of half the world! She welcomes us to-night, and we accept her hospitality with unqualified delight.

But to my subject—The Country Doctor.

I am reminded at the outset of what my distinguished brother in the profession, Dr. Gordon, said in his splendid oration to the public and profession last year in Richmond (which I did not hear but read with great delight), words taken from Holy Writ—"There is no new thing under the sun." Much has been written about the country doctor—much in praise, much in slightly-

veiled sarcasm, much in flippant ridicule, much in prose, and much in poetry ; but I am here to say that the country doctor, if he has borne that title many years, has by training and experience, become so toughened and seasoned that he can bear all this and much more with undisturbed equanimity. He has more serious trials to face, more serious difficulties to overcome, graver duties to perform, heavier responsibilities to meet, than to be swerved from his course long enough to have his ears tickled by too fulsome praise of over-zealous, grateful friends; or his anger kindled by the assinine ridicule of flippant, witless wits. His duties and his responsibilities are those that involve the deepest interests of humanity, those that lie closest to the human heart. The city doctor and the country doctor have much in common: they both belong to the noblest of all professions; they both and together dispense more real charity than all other professions combined in all the world; they both include in their ranks many of the manliest and brainiest of men. The city physician has many advantages over the country brother. He has access to the new and improved modes of diagnosis and treatment of disease sooner than the country man; his physical energies and endurance are not taxed so much; he can easily call in a surgeon or specialist if such a one is required, and shift his graver responsibility to other shoulders. I have always honored and often envied the city doctor. The physical hardships that the country doctor has to meet and endure would be simply appalling to the average city man if he were suddenly called to experience them.

The country doctor, to be well fitted for his arduous life, must be first of all well-grounded in his profession, must be a good all-round man; when he leaves his Alma Mater he must carry with him all he has learned there and supplement all that by close application to the best books and journals; he must be careful of his habits and moral character, must be a student of human nature, must know the moral, mental, and physical characteristics of the people of his vicinage, must be gentle, patient, and sympathetic, and brave and courageous when such qualities are required; he is bound to be, if he is anything, a leading figure in his neighborhood, consulted on many subjects besides those of

his profession ; he knows the inner life of the people ; he knows them in their homes ; he is the repository of their most important secrets ; he learns to keep them, and is trusted as no other being is trusted ; he knows where the closet is that contains the skeleton of the household, and his is often the hand that seizes the skeleton and tosses it out into utter darkness, where its presence will no more be felt or feared.

The country doctor must be so well grounded in his profession that he must do the work generally assigned to the specialists in the city. Every form of disease, every kind of accident or injury comes to him in his every-day career. He has to invade the field that in modern times is given up entirely to the specialist. The people know he is a doctor, and believe a doctor ought to know everything and practice surgery as well as medicine, and treat everything from a headache to an in-growing toe-nail. The human body is his field of operation ; he must know it all. If in his busy life he forgets, as he usually does, the names of arteries and nerves and muscles, he must know where they are, how to avoid them and treat them. Accidents and injuries occur in the country as well as in the city. Broken heads and crushed limbs, gunshot wounds, sawmill accidents, and hundreds of other things demand the country doctor's immediate attendance as well as the legion of diseases that afflict humanity. These things occur often when he is found on the road, with but a part of his meagre armamentarium with him. Sometimes the emergency is so great that he hasn't time to get much-wished-for and much-needed help. That certainly used to be the case when doctors were further apart than at the present time.

I have more than once amputated a thigh with a small scalpel from my pocket case and sawed the bone with a carpenter's saw, and had the gratification of seeing the patient have good recovery. As a general rule the country doctor shrinks from invading the cavities of the body, and will, if possible, hurry such cases to more competent and better equipped surgeons in the city, but he is often compelled to do so against his will on account of the pressing emergency,— such cases as acute appendicitis, intussusceptions, strangulated hernia, etc. These cases cannot always

wait. It is incumbent upon the country doctor to prepare himself for these cases. He is required to keep on hand every sort of apparatus for the examination and treatment of disease; for every disease that afflicts humanity in this part of the world comes to him, or rather he goes to it. Every stage of human life he has to deal with from the infant in its mother's arms, to the grandfather of the family, the octogenarian. I claim, with no disparagement to the city doctor, that the country doctor is, in ordinary diseases, more accurate in diagnosis, and consequently more efficient in treatment, than his city brother, simply because he takes more time to consider; he sits by the bedside longer. How many of you now before me haven't often made a different diagnosis and prepared an entirely different prescription than you intended from your first impressions upon seeing the case? The country doctor, often riding eight or ten miles over rough and muddy roads to see mainly plain country people, toilers in the great rural industries in the land, full of kindness and hospitality, will sit long by the bedside, question, examine, and reflect, prepare and administer his own prescription, and wait to see results. I have often said that if I was seriously sick, with any ordinary disease, I'd prefer an all-around, experienced country doctor to attend me rather than the best city physician I ever saw. I remember well at the meeting of the society in this city in 1888, I was taken suddenly ill after the meeting adjourned Friday night, but before the banquet. A number of doctors were around me, and my good friend, Dr. Edwards here, prescribed for me a dose of castor oil and spirits of turpentine. He did not know that this dose for myself was the horror of horrors, and he did not know that once, when a prisoner in a Federal prison, this same dose was prescribed for me by a whipper-snapper Federal surgeon, and when I refused to take it he ordered his assistants to funnel me, and I ran a great risk of being shot, rather preferred it at that time. But I do not mean to discredit the city doctor. We country doctors owe much to our city brethren. They, in concert with the elegant pharmacists, have lightened our burdens and pleased our patients by teaching us to dispense our drugs in more palatable and elegant style. No one, however, can

really understand the work of the country doctor unless he has been one himself. That work has been considerably lightened and improved from what it was a generation ago.

Progress and improvement in the mode of living have reacted upon our profession as in other departments of industrial life. Horse-back riding is not now, as it used to be, almost the only mode of locomotion for the country doctor. He has made himself more comfortable. Easy-riding vehicles with storm-cover aprons and good lamps for night are now in vogue, when some years ago darkness and rain and snow and sleet had to be encountered in the open and battled against single-handed and alone. Accidents, hair breadth escapes, and dangers innumerable, lost in the woods, sitting forlorn on the horse or on a log until daylight would show him the way out, drenched in rain, or his clothing frozen with sleet, were not uncommon experiences. The endurance of the country doctor has been marvelous; endurance of extreme of cold and heat and of distances traveled by day and by night are scarcely credible. It would be probably taxing the credulity of many of you if I should say that I owned one horse, some years ago, that alone during his usefulness, by most conservative estimate, carried me on his back or in the shafts a distance of more than twice the circumference of the earth. And how many hundreds of miles is thus traveled by the country doctor without any other reward than the gratitude and affection of the people! This is a reward frequently greater than gold, and I say right here that the country doctor, or any other doctor, that pursues his profession solely for gold, does not deserve to wear the name of doctor, but should be classed with those who grind the faces of the poor and who are only fit to share the fate of Dives.

I hope you will pardon me for illustrating what I wish to express by my own personal experience. I practiced medicine some eighteen or twenty months in the State of North Carolina immediately after the war. My family, consisting of wife and four children, were refugees there because all I had on earth had been destroyed or taken away except a piece of poor land, which would have been taken also by the Yankees if they could have

moved it. I hadn't heard from them for many months, nor they from me. I wended my way there after Appomattox, on my literally starved army horse. I was so impecunious when I arrived there that if steamboats were selling at a dollar a piece I could not have bought a gang-board. I set up my shingle as a doctor and was a candidate for practice. I found an old pair of saddle-bags, pretty well filled with drugs I had been using four years before. One evening a messenger came for me to go to see a sick widow nine miles away. He told me she had the money, good money, and would pay me cash for my visit. Visions of a rich widow, with a lucrative future practice, then arose in my imagination. I mounted my old army horse, who had recruited some on North Carolina grass, and made the best of my way over that nine miles of road. When I got to my destination, instead of the fine house I was looking for I saw a small cabin and unmistakable signs of poverty. I found my patient very sick, and administered to her as best I could, drew heavily from my limited stock of drugs, sat by her bedside several hours, and when I prepared to go, with a look of satisfaction and condescension on her face, she drew from under her pillow a twenty-five cent postal note and handed it to me with an air that plainly showed that she thought she was rewarding me munificently. My impulse, of course, was to decline the fee, but I could not bear to see the mortification and distress I would occasion her if I refused her valuable gift. I continued to attend her until she recovered without further fee. But my visits there resulted in my getting some lucrative practice in that section during my whole stay in that State.

It cannot be disputed, I think, that the country doctor is the poorest paid man in the world, and he who remains a country doctor all his life almost invariably dies poor. His work is of such a character that he often thinks and knows it cannot be compensated with money. He knows the financial condition of the people he visits, and often feels embarrassed, like old William McClure, when a fee is tendered him. Yet there ought to be an improvement along this line, and to my younger brethren present who are country doctors, I will give this advice: make your pro-

fession more of a business matter than we older men have done; while not pursuing it altogether for gold, keep in view the assertion of Holy Writ, "The laborer is worthy of his hire." But the doctor often finds his richest reward in the love and grateful affection of his patients. He meets so often with scenes so pathetic that his heart is melted within him, and he feels that the part he plays in the mysteries of life and death are of the highest import that can be submitted to a human being. He learns where humanity touches the spirit of the God-head, and can exclaim with the poet:—

"Oh mystery of mysteries, the least understood,  
That the love of God is the love of good."

While it is well known that the busy country practitioner has but little time to devote to anything but the immediate duties of his profession, yet there have been quite a large number of country doctors in Virginia who have made, not only valuable contributions to the literature of the profession, but who are quoted to-day as recognized authorities on important medical subjects. I might name such men of acknowledged eminence in their profession as Mettauer, of Prince Edward, Tebault, of Princess Anne, Nicolson, of Middlesex, Semple, of Hampton, Cox, of King and Queen, Cooper, of Fauquier, and many others whose reputation extended not only beyond the limits of their special territory, but even beyond the borders of their native State. A number of the living ex-presidents of this society are now or have been prominent as country doctors. The country doctor of to-day is different in many respects from his predecessor of a generation or two ago. The old country doctor had to work harder; he was his own druggist and apothecary, compounded his own medicine, often from the crudest raw materials; he dealt largely in infusions and decoctions; he believed in heroic remedies, he would have scorned tenth-of-a-grain calomel pellets — ten grains of calomel and ten of jalap suited him better. The lancet, cups and scarificators, leeches, blisters, setons, moxas, etc., were the sturdy clubs with which to whack the hydra-headed monster disease on the head. But the most barbarous part of his

practice was to forbid entirely any draught of cold water for at least three days after taking a dose of calomel. I have used setons, and leeches, and blisters, and cups a good many times, but I never used a moxa but once, then I came very near cremating my patient, and I thank the Lord I never gave a fever patient warm water to drink unless it was to effect emesis.

But these old country doctors were as true as steel to their patients; they did not consult their comfort or ease; they defied storms and rains and went everywhere they were called; while they were a terror to children, they were the law and gospel to the heads of families, and were about, as the crude country poet puts it in describing the family doctor:—

“ When the whooping cough was ragin'  
And the measles were around;  
Then he'd mount his rhubarb pony  
And go trotting out of town.  
With his saddle skirts a-flopping,  
And his leggins all in rags,  
And roots and herbs a stuffin'  
Out his pussy saddle-bags;  
And when mam was down with fever  
And we thought that she would die,  
That old fellow didn't leave her,  
And he never shut an eye.  
But he set there like a pilot  
For to keep her from the snags,  
And he brought her through the riffles  
With his musty saddle-bags.”

But the future of the country doctor will not be exactly a copy of the past. Better roads, numerous telephones have changed his life. The rise and expansion of specialism, the facilities of getting to the cities by modern improvements in modes of travel will greatly change his status. Then with improved instruments and modern antiseptic usages, he will also do more and better surgery. It has been proposed by some county societies that the members divide up in such a way that some do surgical work,

some take diseases of children, some diseases of women, some fevers, etc., thus making themselves specialists. But I think this has not been successful and never will be. The country doctor must continue his rounds as a doctor for all ailments, and with greater and better resources and more improved appliances, with a broader and more accurate knowledge of therapeutics and the nature of his largely increased *Materia Medica*, keeping abreast of the time, new appliances and new modes of diagnosis, he will continue to be a great factor in that part of the world in which he revolves; will be honored and loved, bringing comfort to hundreds of homes, awakening and keeping the affections of numberless people; and when the last summons comes to him it will be such as Will Carlton so graphically describes:—

“There is a gathering in the village  
That never was outdone  
Since the soldiers took their muskets  
To the war of sixty-one.  
And a lot of lumber wagons  
Near the church upon the hill,  
And a crowd of country people  
Sunday dressed and very still.  
Now each window is pre-empted  
By a dozen heads or more;  
Now the spacious pews are crowded  
From the pulpit to the door.  
For with coverlet of blackness  
On his portly figure spread,  
Lies the grim old country doctor  
In his massive oaken bed,  
Lies the fierce old country doctor,  
Lies the kind old country doctor,  
Whom the populace considered  
With mingled love and dread.  
Maybe half the congregation,  
Of much or little worth  
Found this watcher waiting for them

When they came upon the earth.  
This undecorated soldier  
Of a hard, unequal strife,  
Fought in many stubborn battles  
With the foes that sought their life.  
In the night time, in the day time,  
He would rally, brave and well,  
Though the summer lark was singing  
Or the frozen lances fell;  
Knowing if he won the battle  
They would praise their Maker's name,  
Knowing if he lost the battle  
Then the doctor was to blame.  
'Twas the brave old virtuous doctor,  
'Twas the good old faulty doctor,  
'Twas the faithful country doctor  
Fighting stoutly all the same.  
When so many pined in sickness,  
He had stood so strongly by,  
Half the people felt a notion  
That the doctor could n't die.  
They must slowly learn the lesson  
How to live from day to day,  
And have somewhat lost their bearings  
Now this landmark is away.  
But perhaps it still is better,  
That his busy life is done;  
He has seen old views and patients  
Disappearing one by one.  
He has learned that death is master,  
Both of science and of art:  
He has done his duty fairly  
And has acted well his part.  
And the strong old country doctor,  
And the weak old country doctor,  
Is entitled to a furlough  
For his brain and for his heart."

## DIAGNOSIS AND TREATMENT OF GALL-STONES.

BY W. A. BRYAN, A. M., M. D., OF NASHVILLE, TENN.

UNTIL abdominal surgery was well developed, until men pried into the inner secrets of the condition of the viscera, generally, on opening the peritoneal cavity either for exploratory purposes or for some specific operation, the modern means of recognizing gallstone disease were impossible; and many patients suffered violently from ill-defined and poorly diagnosed lesions referable chiefly to the stomach, the pancreas, or the liver. The patient had liver trouble, that was all, the physician's conception as to what that trouble definitely was, being just about as clear as the patient's own conception. Unless the patient developed jaundice, had unmistakable biliary colic, or manifested tumor formations at the point of the ninth rib, one or all, whatever else the diagnosis, gall-stones were not to be thought of. The slow pendulum of time has now swung to the opposite side, when leaders in the study of gall-stone symptomatology are almost ready to maintain that any prolonged derangement of the stomach excepting ulcer and tumor, and the malformations, congenital or acquired, is due either to pathology of the vermiform appendix or the gall-bladder or bile ducts. Be they as they may, it remains quite certain that we are far better capable of making a diagnosis of cholelithiasis than were our predecessors of a few years ago.

The physician or surgeon who is capable of diagnosing gall-stones only when jaundice is developed or when stones are found in the feces, however pathognomonic the latter may be, however suggestive the former, is much in the same plight as he who is able to make his diagnosis of appendicitis only after perforation, gangrene, or abscess has developed, and then only suspects there may be some appendicular involvement. To be sure, we are not always called until after such misfortunes are present; yet, we should seek to determine the presence of gall-stones as early as possible, and thus give our patients the benefit of our skill.

As complete a history of the patient as possible should be elicited. History of any disease capable of causing inflammation, either of the gall-bladder or ducts, should be discovered, such as typhoid fever, for it is well established as a principle of surgery that inflammation of the alimentary tract may extend by continuity over the mucous surface and involve the bile-containing and bile-conveying structures. Yet we need not imagine such a history necessary to the formation of calculi; such evidence is only at most presumptive.

Beyond this we may procure the history of the case as we find it at the time of examination, and get the number and type of attacks and their severity and duration, the value of which will be found in making a correct diagnosis and in suggesting treatment. Accurate results may often be acquired here after a long interval, since a distinct attack of biliary colic may happen, with persistence of other less clear but equally objectionable symptoms.

Nausea and vomiting are useful symptoms, and on this fact is based largely the allusion above to certain surgeons referring such symptoms so universally to such causes. When a chronic indigestion exists there must be a chronic cause; and always we must remain mindful that gall-stones may be that cause, never failing in our examination to search for collateral symptoms to confirm or overthrow the surmise. Moynihan briefly states "that the most common symptom of gall-stones is indigestion." Nausea and vomiting follow the attack of indigestion, due partly to direct, partly to reflex disturbance of the stomach; and relief often follows vomiting. For these symptoms are usually due to the partial engagement of a stone in the cystic duct, which is allowed to fall back into the gall-bladder when muscular relaxation is produced by the attempts at vomiting. I have a report of one case in which simultaneously with the nausea and vomiting came palpable enlargement of the gall-bladder, and as this rapidly disappeared, the nausea and vomiting quickly ceased. In my own practice I had a case of obstruction produced by an enlarged lymph-node, and when the gall-bladder filled, these

symptoms became marked, disappearing on the escape of bile by the incomplete obstacle.

It is well enough for me to emphasize here that the clinical thermometer, the pulse, and the patient's tongue are no longer to be relied on mainly for diagnosis: patients must be examined physically, and that naked. More errors far are made by failure to examine than by lack of knowledge. We are too prone to guess, especially when in a hurry.

It is rather universal knowledge that gall-stones occur most often in the middle-aged, and far more frequently in women than in men. I think, however, it is not so broadly known that some of the cases of jaundice in the new-born are produced by cholelithiasis. Still collected ten cases in infants who died a few weeks after birth, or in the still-born, where stones were found; and seven of them were jaundiced. So that we may not eliminate any age from the possibilities of this trouble.

A group of evidences cluster about the fact that bile is passing insufficiently or not at all, namely, absence of bile in the feces, or clay-colored stools, more accurately described as too white; and the others, a consequence of this, since the bile appears in the urine, in the skin and mucous membranes, and in the blood even when it cannot be discovered elsewhere. The most generally useful of these is jaundice and light-colored stools, for if you ask the patient as to clay color he at once thinks of the red clay, and misleads you by saying he has seen no clay-colored stools. Moynihan is of the opinion that he can see some difference between the jaundice produced by stones and that produced by malignant disease; he thinks the former is more yellow, the latter more green. However, this must so far be accepted *cum grano salis*, since he has not observed this difference a sufficient number of times to feel positive. Jaundice is due to impaction of a stone in the hepatic or common duct, or to the presence of a stone in the cystic duct sufficiently large to compress the hepatic or common duct; it is also produced by infection of the ducts. It is so valuable a sign when present that it seems unfortunate it should occur so rarely as a symptom. Murphy has found a history of jaundice in only 14 per cent. of his cases. Wolff

claims that it was noted in 50 per cent. of those in whose feces gall-stones were discovered, and Fürbringer discovered it in 25 per cent. of his cases. It is found difficult at times to determine exactly whether a patient has jaundice; so Hamel suggested a means for its discovery which has been found useful. Take a capillary tube and allow blood to flow into it from a punctured lobe of the ear. Allow it to stand a few hours, and the serum should collect in the upper part: this serum normally should be clear, but if jaundice is present the serum will be found yellow. I should add that the jaundice of malignant tumors in this region is slow, creeping on from day to day, painless, and the advance is a steady, continuous one.

If we are sure we have a distended gall-bladder then we may well congratulate ourselves, for in the majority of cases we do not find it enlarged, but contracted, especially if the process is chronic, following the rule of all chronic inflammations, viz., cicatrization. So much is it the case that Courvoisier formulates his law which holds in about 75 per cent. of cases.

Deep pressure made over the gall-bladder underneath the ribs, preferably by the thumb of the left hand, will usually show tenderness on an attempt of the patient to inspire deeply. Tenderness at Robson's point is another valuable sign.

If I may enter a word of protest here, allow me to preface the next symptom considered, by saying that we do not attach enough importance to the pains our patients have, or enter exhaustively enough into investigation of the cause and nature of them. We are too prone to guess at a colic or a neuralgia when we could with a little more trouble make sure. Again, we are too anxious to find pathognomonic pains, and refuse to interpret any other pain as having significance for a given structure. So mistakes are being made and will continue to be made as long as we remain careless and forget that a rectal pathology may cause a pain in the heel, or so long as we imagine that no abdominal structures except kidneys and ureters can cause pain and retraction of the testicle, or pain down the thigh. We must study pain rationally and in connection with our other evidences, for by being careless of it we lose one of our most

powerful aids to derive correct conclusions. So if we consider thoroughly the type, the quality, the quantity, the periods, the duration, the onset, and the termination of our symptom pain we may be forced to sentence the gall-bladder and gall-ducts in many, many instances where we have done both our diagnostic skill and our therapy gross injustice heretofore by deciding against the stomach. The funny pranks played by deceptive, elusive pain might well be gathered into a medical *Puck or Judge!*

Pain in gall-stone disease is a variable symptom. There is found the aching pain confined to the region of the gall-bladder, intensified by any sudden pressure against that part of the abdominal wall, rendering it difficult for the patient to get a long breath when the fingers or thumb, after the teaching of Naunyn, are pushed up under the right free margin of the ribs, guarded by rigidity of the muscles in the upper right quadrant of the abdomen, causing thus more tension: this is especially seen in the rectus at its upper end; produced usually not by an exacerbated inflammation, but by an engagement of a stone in the cystic duct; easily confused with pains from the stomach; coming on more frequently after meals and nearly always relieved by vomiting, often by gastric lavage. Since the pain follows eating and disappears with emptying the stomach, one very naturally concludes that this organ is at fault and may have some difficulty to convince the sufferer otherwise. Of course the longer and more complete the impaction the more intense and far-reaching the inflammation, and so the more violent and prolonged the suffering. In the case of slight pain the infection is confined to the gall-bladder, which, if the process is chronic, becomes shrunken at times almost to complete obliteration; if it is more acute and widespread the infection has attacked peritoneum and adjacent structures. When the former condition of localized infection is present, steady, broad pressure will ameliorate the pain; in the latter the radiating pains are not relieved.

The right subscapular region, sometimes the left, the epigastrium, and even the neck and right arm are subject to the referred pain. Boas has stated that in most cases of gall-stone disease there is tenderness on the right of the twelfth dorsal

vertebra an inch and a half or two inches from the spine, and some on the left, just as in ulcer of the stomach a similar point is found opposite the tenth or eleventh dorsal vertebra and none on the right.

We are all so familiar with the attacks of gall-stone colic, I will not go into detailed discussion of it other than to quote Reidel's classification of the causes of it from Moynihan's text. They are:—

“ 1. Adhesions of a gall-bladder no longer containing stones. There is a circumscribed peritoneal irritation, with abdominal distension, more or less severe vomiting, and pain.

“ 2. Adhesions when large stones are present in the gall-bladder and the cystic duct is patent.

“ 3. Inflammatory processes in a gall-bladder distended by fluid or stones, when the cystic duct is occluded by inflammation or by the presence of a stone in the neck of the gall-bladder.

“ 4. The transit of a stone through the bile passages.

“ 5. The inflammation of a dilated, calculous common duct, or its tributaries, without impaction of the stone.”

Other surgeons think spasm of the duct the cause of the colic.

I quote again: “An attack of colic or of spasm is caused, therefore, only by an overexertion, of the nature of a cramp, of the muscular wall of the gall-bladder or ducts in the onward passage of a foreign body. It is never found as the result of a gradually increasing distension of the gall-bladder or ducts; it is not aroused by inflammation, whether acute or chronic, in any part of the bile-tract; it is not found in cicatricial stenosis, nor in those cases in which a gradually increasing pressure is made upon ducts from without. It is due to sudden blockage of the ducts and to their exaggerated muscular efforts to rid themselves of the foreign body. It occurs only when this body is in transit. As soon as the body becomes fixed the muscular efforts slacken and cease, and the ducts proceed to adapt themselves to the intruder. Small stones may pass along the cystic and common ducts without pain. During operations for the removal of stones from the gall-bladder I have occasionally demonstrated the presence of small pebbles in the common duct which have lain there

without producing symptoms. The colic, when severe, is probably as terrible a suffering as a patient is ever called on to endure. It comes on with absolute suddenness, produces a degree of collapse that may be profound, and soon induces faintness, sickness, and vomiting. The patient has terror written in every line of his anxious face. He is cold and yet sweats profusely. His general condition, indeed, is at times alarming. The pain is often said by patients to 'double them up.' In their agony some slight relief seems to be gained by bending from the waist over a chair or couch, or, when sitting, by folding the arms across the epigastrium and by forcible flexion of the trunk. To see such a patient in the utmost extremity of his suffering is enough to convince one that a spasm, similar to the spasm of the intestine or of the ureter, is the cause of the intolerable pain."

Again, when once a distinct case of gall-stone colic is suffered, it is the rarest to find on operation that all the stones have passed. This is an occurrence of many hundred.

A short paper cannot contain all the details of treatment, and it must remain for the patient, knowing his sufferings, and the physician, knowing the danger of a continued inflammation or irritation of the gall-bladder and ducts, and of complications growing out of these on the one hand, and on the other the small amount of mortality following operation and the certainty of cure,—I say it remains for these in the end to decide. As a basis of conclusion it may be laid down that more patients die from neglect of operation than from submitting to it, not to count the suffering. My own practice is to lay before the patient the whole truth plainly, and allow him to decide for himself. If one attack occurs and apparent recovery follows, then we scarcely have the opportunity or the right to advise operation. The patient who has repeated attacks of colic, or jaundice, or who is continually annoyed by pain, who has a distinctly palpable tumor, whose stomach is frequently or constantly disturbed, whose health is being impaired by the process, should always be advised to submit to an operation, even if the very presence of stones in the structures is not a positive indication, since they act as a menace to their host, inasmuch as cancer here is accompanied or

preceded by stones in so great a percentage of cases; inasmuch as we are likely to be forced at any time in any case to operate at the height of an attack or during the presence of jaundice, when the mortality is necessarily much higher.

Internal medication has proved valueless in the hands of accurate observers, and so we need not longer delude ourselves with the hope of dissolving stones with any medicament that must pass through the delicate body tissues to reach them.

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### PREVENTION AND CURE OF "COLDS."

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BY THE EDITOR.

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THE season being now at hand for "colds" and coughs, all should be on the lookout for such prophylactic measures as will protect against those changes in our environment and personality that are unpleasantly uncomfortable and often pave the way for more serious ailments, such as pneumonia, pulmonary consumption, pleurisy, and bronchitis, to say nothing of being disabled, to some extent at least, for a week or ten days by the annoying effects of a "bad cold"—no one ever had a good one. Our proper adaptation to our environment settles to a great extent our immunity from the sudden changes of climatic conditions, which are but one factor etiologically; and while "colds" are more prevalent from December to May, the heated days and nights of the summer solstice and the magnificent autumnal days are sometimes, in some persons, made decidedly uncomfortable by similar results from similar conditions; but for the next few months it is natural to both expect and witness almost veritable epidemics of catarrhal conditions.

Influenza—"la grippe"—and a "bad cold" are exceedingly similar in clinical features, and both, in our opinion, are unquestionably due to the malign influences and effects of a specific germ—in the one case, Pfeiffer's bacillus has been isolated and demonstrated, although a germ, bacillus or microbe has not in the other; yet from the effects, results, etc., we can but believe

it is none the less existent, and may yet surrender its identity as has the other. We all know that in an epidemic visitation of "grip," though it may be wide-spread and far-reaching, yet numbers escape entirely although exposed to identical conditions with those more unfortunate. This is due to the fact of an immunity at the time, the systemic condition of the individual being such that Pfeiffer's bacillus lands upon sterile soil and does not increase, multiply, and replenish the pains and aches of that particular man, woman, or child. This is a patent fact pertaining to all germ diseases, and is one of the theoretical, if not yet demonstrated arguments of a microbic or bacillary invasion, being a prime etiological factor in "colds."

In the goodly city of Nashville, but few of its inhabitants do not daily, weekly, or monthly take into their economies, as a rule, the point involved being some part of the respiratory organs, from the mucous lining or follicles of the nose and throat to the terminal air vesicles, the much-to-be-dreaded bacillus tuberculosis, yet it falls upon sterile soil, and there its life history terminates; but here and there, "one more unfortunate" furnishes a fertile field in tonsillar, laryngeal, pulmonic, or other mucous surface of some part of the air passages, and the spark is ignited that is followed by a slowly smouldering or rapidly consuming fire destructive of life itself. So it is with all other diseases of like ilk, kith, and kidney, a common cold being no exception to this rule so pertinent to all specific diseases.

An article recently appeared in the *New York Herald*, and reproduced in the *Scientific American*, a magnificent publication that should be in the household of every one, and that rarely misses knowing a "good thing" when it sees it, and has the following practical statements:—

"The ordinary phenomenon of a 'cold' is explained by a rapid cooling of the surface whereby the superficial circulation is temporarily arrested and internal congestions are produced. The primary effect is generally upon the mucous membranes of the nose, throat, and upper air passages. In consequence of this revulsion chilliness, lassitude, headache, sneezing and cough follow in turn, and the patient becomes generally miserable. Then, when it is too late, he doubts his resisting powers against draughts, cold rooms, undue exposure and the like, and

is ready to resign himself to the coddling process for the remainder of the winter. Strange as it may appear, it is this misguided carefulness that explains most of the chronic catarrhs of the season.

"First on the list of such causative agencies are our overheated and ill-ventilated apartments. Eminent medical authorities maintain that the sudden change from an overwarmed room to the cold air outside has more to do with the production of 'colds' than all other supposed agencies combined. The air passages, after having been dried, and, so to speak, baked in our living rooms, are not only peculiarly sensitive to cold, but are in a condition least liable to resist the influences of the change.

"The same principle might apply to overheating the body by too much clothing and enfeebling the skin by confined perspiration. The exact contrary condition results from inurement to low temperature and the creation of a habit of natural resistance. The man who is accustomed to bare his throat to the blast never suffers from tonsillitis, and the one who is used to the cold morning plunge never knows a shiver, even in zero weather. The real moral is to face the cold with a bold front, to conquer rather than to shrink from it and be overcome in the end. The hardened man makes his skin an ever-ready adjuster to all variations of temperature. The feeble one can approach such a state of protection and may in the end equal it.

"A like principle applies to exercise. With ordinary garments the well individual never suffers from cold while in motion, but the one who sits or lies in a cold room or in a draught from open door or window is sure to become a victim of his indiscretion.

"These are simple enough rules in themselves, but few think of applying them to individual needs until reminded of their lost opportunities.

"The worst of all is that a 'cold' taken in early winter is apt to linger and thus prepare the system for even more distressing ailments. The very lack of vital resistance that invites the first attack of catarrh is apt to intensify the predisposition to subsequent colds. This in a great measure explains the prevalence of pneumonia during the inclement season. The microbe never attacks a healthy membrane, but lies in wait for the local debilitation which furnished the soil for the seed.

"No more forcible argument could be used in favor of preventive measures against the slightest respiratory trouble that may show itself at this time. Nothing lowers the vital resistance against all winter diseases more than the initiative and apparently insignificant 'cold.'"

After reading over the above, and as we have no known means of preventing the access of the germ, "a boon most devoutly to be wished for," the following suggestions are submitted, being the result of a reasonable degree of observation of even

little things, and a "cold" sometimes being anything but a little thing:—

1. Regularity of habits of living, avoiding excesses of any kind, regular hours of sleep, regular both as to quantity and time of eating,—nothing being so conducive to health in its highest standard as regularity and temperance in all things, eating, drinking, sleeping, working, exercise, and recreation; and by securing this high standard of physical well-being, and maintaining it, you sterilize your system against any form or manner of bacteria, microbe, bacillus, or coccus.

2. Ample ventilation of sleeping, living, and working apartments. Living in the open air day and night, "colds" do not catch you—and right here permit a slight divergence, in order to protest against an incorrect nomenclature, although accepted from time immemorial and so perpetually used. We do not catch a cold—we are the ones who are caught; and it is not cold, but heat, or rather poison, that catches us. Yes, a specific poison fastens its fangs on or in our vital economy, just as does the poison of other specific infectious diseases. By being in a well-ventilated apartment or out-of-doors, such poison is diluted, to say nothing of the higher development and greater powers of resistance secured to the entire system by an abundance of fresh air, whether in-doors or out.

In a badly ventilated room any poison lurking therein or emanating from an infected person temporarily or permanently sojourning there will be more concentrated, and while "one huckleberry to the bar'l of whisky" makes as good "bitters" as many desire, and a quart of the same bitters or whisky alone will produce intoxication, but put a quart of "whisky straight" or a quart of that bitters in a barrel of water, and no one could possibly drink enough of that to produce the slightest phenomena of intoxication. Who of those serving on either side during the four years of war between the States ever had a "cold" except as a result of sleeping in a house or hotel during a temporary absence from his wall—or Sibley tent or canvas fly?

Colds were unknown as a rule, even during the latter part of that great and tragic drama, by the active participants who were

in the field, although the means of protection from, and exposure to, the elements in their ever-varying moods, very materially differed from that in the earlier years. Frugal fare, almost too frugal sometimes, thin and scanty clothing, some of them at sometime barefooted in the snow, yet with their rugged health and powers of resisting disease invasion developed by a life in the open, and an abundance of fresh air with regular exercise was such that "colds" were almost unknown, except as a result of sleeping on feathers and in a house. Oh no! we do not "catch cold." It is heat and poison that catches us when we are not able to resist and throw it off.

3. If you think the "cold tub" or cold plunge or shower is too drastic, too strenuous, try the next best substitute, and a most excellent measure it is. Every morning when taking your matutinal wash of face and hands, drop all clothing to the waist, and with a towel well wetted with the water in which you have washed your face, thoroughly wet the body from the waist up, and quickly dry off with a brisk rub with a rough towel — it need not prolong your morning toilet more than two or three minutes, and will save much time in keeping you up to a good living point and many dollars in order to obtain surcease from aches and pains, invariably due to the invasion of a "cold."

4. Drink plenty of pure water, beginning the day with a good draught in order to keep the system and its sewers well flushed out; the excretions being sluggish only makes the human economy a more fertile soil for microbic and bacterial invasion and development. A limited number of even the bacillus tuberculosis, the comma of Laveran, or the deadly one bearing the name of Eberth, will not harm a healthy man if "arrested on the spot" and destroyed by the great "microbe killers," the phagocytes; but if permitted to remain, intrench themselves, multiply and replenish their numbers in our vascular tissues, a doctor, and soon, peradventure, an undertaker will be in demand.

5. Clothe yourself properly to suit the season, never too much or too heavy clothing, and if caught out in a "norther," for we do have such even in Tennessee, a sudden drop in the temperature, a shower of rain, or a fall of sleet and snow, with

insufficient clothing, keep moving, keep stirring in order to overcome the depressing effects of the sudden fall in temperature, until you can obtain more permanent help by the artificial aid of dry and warm clothing, a good fire, and a comfortable room. A little dilute alcohol in some form may make you feel more comfortable in shorter time, but it is not often needed unless in greatly debilitated people, and then again it is just a "leetle resky." If compelled to remain for hours in a low temperature, as many a doctor has been forced to do, especially those in rural sections in their long rides by day and night, nothing will so well aid you in resisting the effects of cold as a little solid food—a biscuit or a piece of "corn-pone" with or without bacon or beef. It is far more efficacious than a "nip" of the best "bitters" in the world. Alcohol may produce a feeling of exhilaration, an excitement of the circulation, it may through its anesthetic properties make you less sensible to the cold at the time, but it is only temporary, and entirely too evanescent, and does not compare with a bit of food as a "warmer." Just give it a trial—I have on numerous occasions when compelled to ride miles on horseback with the thermometer ranging way down in the neighborhood of or below zero.

Well, now for the "Cure!" for I am apprehensive that but few will accept these prophylactic suggestions, and there are times and circumstances over which we have no control, that may bring the most vigorous into the grasp of the germs that constitute the active factor in being overcome for a time by a "cold." Well, there is, first, the agreeable remedy to many, a hot toddy and a hot foot bath on going to bed. Yes, it will answer in some cases, and although the palate may not complain, it's "jest a leetle resky."

Another remedy suggested to me a number of years ago, smacks a little of "Hahneman" in its proportions, but it was given me by a "Regular;" and on one occasion after I had made repeated and successful trials of it, and found it to be "a good thing" and a "sure winner" if you only commenced early, I had dropped into one of our leading prescription pharmacies, and saw there my good old friend, the late Dr. T. A. Atchison,

a very king in therapeusis, writing a prescription. On greeting him and asking him how he was, he replied: "I am dot at all well; I am sufferidg with a bad cold id the head, a'd I am fool edough to try a'd prescribe for myself. Come Doctor, write me a prescriptiod for a bad cold."

"What?" I exclaimed, "you would have me try my hand on a Master of Therapeutics?"

"Oh, well, you kdow a lawyer has a fool for a cledt whed he argues his owd case," he said, "a'd I do dot feel that I am able to write a prescriptiod for myself. But I have ad edgagemedt to-dight to lecture to the youdg ladies at Ward's, a'd have beed forced twice before to post-pode id on accoudt of professiodal duty, a'd if I dod't go to-dight they will thidk I am a fraud. So tell me what to take; I cad hardly speak above a whisper, as you cad see."

I gave him the following, it then being about 3 p. m.: "Morphia sulph.,  $\frac{1}{4}$  gr.; atropia sulph., 1-120th gr.; aqua dest., 2 flounces. Mix. Sg. One teaspoonful every half hour until six or eight doses are taken."

"Where did you get that?" he said. "That's good; I will try it." He called to the prescriptionist and told him to fill it.

A few days later I met him on the street, and asked how the prescription worked. He replied, "Like a charm. Where did you get hold of that? Why, before 8 o'clock that night I did not know I had a cold. Where did you get it?"

Yes, it is a "good thing" and a "sure thing," as I have found in many instances, but you must begin in the incipiency of a "cold."

And now, finally, having given two suggestions as to remedies, to which may be added a third, a glass of hot lemonade, a hot foot bath, and 7 to 10 grs. of Dover's Powder at bed-time, also very good in some cases; but my reliance for a "sure remedy," yes, as much a specific as it is for malaria, is sulphate of quinine. I have been using it for years, and have found it just as certain to arrest a cold, even at its acme, its middle, or its beginning, as it does an intermittent or a remittent malarial attack. Furthermore, I have found it alike efficacious in arresting

la grippe or influenza, if taken early, before the germs have had time to become too numerous in the system. And in the many cases of acute tonsillitis, pharyngitis, and "sore-throat," due to "taking cold," I have found it alike efficacious. Now, while I have great confidence in this drug in so many pathological conditions, I do not believe it will cure a wooden leg, remove a cataract, relieve an attack of gout, and a number of other conditions. But in my opinion these diseases I have mentioned, "a bad cold," grip, tonsillitis, are, like intermittent and remittent fever, due to a specific germ. These germs may differ, as do rabbits, squirrels, partridges, and snipe, but as powder and shot will kill different varieties of game and fowl, so will quinine kill various forms of microbes, bacteria, and bacilli. It is lethal to the germ of Laveran, and also to the unknown germ that causes a "bad cold," lethal in the early stages of invasion of the bacillus of Pfeiffer, and the unknown germ that causes tonsillitis. As in malaria, it is more certain of good results if used early, so in a "bad cold," and its early use is imperative in obtaining satisfactory results in tonsillitis and grip.

My plan of treatment is the same in all. As in all these conditions there is, or soon will be, a sluggishness, if not an arrest of glandular secretion and excretion, at least to some extent, I, as a rule, give  $\frac{1}{4}$  gr. calomel with a little bi-carb. soda every hour or two hours, until four doses, or one grain, of the calomel is taken, preferring to have it all taken in the afternoon before bed-time. This is repeated the next afternoon; however, I omit it in some cases, and may follow it with, or use alone, some mild aperient.

But I insist on having the patient under the full influence of quinine for 48 consecutive hours. This I do by giving to an adult about 6 or 7 grains, either in capsule, powder, or solution at or as near as I can to six o'clock P. M., the same dose at 10:30 or 11 P. M., and the same at six A. M., repeating these doses again, commencing at six P. M. My most frequent prescription is for quinine in 3 gr. filled capsules, no. 12. Sg. Take two at six and eleven P. M., and two at six A. M., repeating same way following night. Mighty simple, but it has always done the work. It is not quite so palatable or so pleasant as some of the others

I have suggested, but it is more certain, far more so than anything I have tried. Some use the salicyllates, but I find the sulphate of quinine "good enough bitters for me." It has *never* failed me, taking it as I have directed, in colds, and has been alike efficacious in grip and tonsillitis if given early.

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## Clinical Reports.

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### COUGH.

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It is not always an easy matter to decide upon the cause of a cough, and therefore sometimes a difficult matter to relieve or cure it. Many patients go about their work, appear in excellent health, and yet suffer more or less from a persistent, irritating cough. Examination of the chest in these cases does not show anything abnormal in the respiratory murmur. Examination of the throat often reveals an elongated uvula, which is frequently cured by a simple astringent gargle, and the cough disappears. Again, examination reveals congestion of the vocal cords, and a soothing inhalation of a teaspoonful of compound tincture of benzoin in a teacup of hot water frequently causes the cough to be relieved in a short time. But the general practitioner, especially during the winter or spring, meets with a great many cases of cough, the cause of which he cannot fathom. He calls it an irritating cough, but the cause of the irritation is a mystery. Experience will soon show that it is irritating to both the patient and physician. To the latter, because he finds that it continues in spite of his best efforts, and at last the patient drifts from one physician to another without getting relief. Evidently he takes his case in his own hands, and buys from druggists some of the numerous cough remedies they have for sale. Still no relief, and

he finds his stomach thoroughly out of order because opium has been a constituent of the quack mixtures he has taken. Nature, the *vis medicatrix naturæ*, possibly comes to his aid, the cough disappears, but no thanks to his doctor or his own prescribing.

This is a brief sketch of what I know occurs to hundreds of physicians, as it certainly has to me. Among the late remedies for this class of cases is heroin, and it certainly has proved a valuable addition to our *materia medica*. There are many combinations in use, of which heroin is the chief constituent. Some, in my opinion, are not to be recommended for general use. What is needed is a safe and efficient preparation whose action is positive and definite. Such a combination we have in Glyco-Heroin (Smith), made by Martin H. Smith Co., of New York, to which my attention was drawn about a year ago. Each dram of this mixture contains heroin, gr. 1-16; ammonia hypophos., hyoscymus, white pine bark, balsam tolu, glycerine, ad 3*i*. The astringent properties of white pine bark are of peculiar service in inflammations of the respiratory tract. It is also of use in arresting the night sweats of phthisis. Balsam of tolu is an aromatic stimulant, useful in chronic bronchitis or in the advanced stage of the acute disease. Altogether this mixture has, in my hands, proved to be of the greatest value, and at least a dozen of my medical friends to whom I have recommended it are loud in its praise. I give below the report of a few out of many cases in which I have used it. I may state that the first case is that of the writer.

*Case I.*—F. W. C., aged sixty-two years, general health good. On the 23d of January, 1901, about 10 P. M., visited one of the worst fires Montreal has had for years; was exposed to great heat for about fifteen minutes, when I left to return home. Had to stand some minutes waiting for an electric car, and found that my body, which had been perspiring freely, began to feel chilly. On reaching home, I lighted a cigar, but before smoking half of it, was seized with a very severe rigor. Went to bed, and the rigor lasted at least twenty minutes, when it left; no perspiration followed. Passed a restless night, and in the morning feeling quite ill, sent for a medical friend, who found my temperature 102°, pulse 100, respiration 28, and evidence of commencing pneumonia in the anterior part of the right lung.

It is needless to follow the case minutely. Briefly, the whole anterior portion of the right lung became involved, and the inflammation extended to the hepatic peritoneum. It was a serious condition for a man of sixty-two years, and for several days the outlook was ominous. But a good constitution, good treatment, and splendid nursing, brought about a favorable termination. There, however, remained an irritative, spasmodic cough without expectoration, which was most annoying, as it disturbed sleep, and therefore retarded convalescence. To relieve this condition a mixture containing a couple of drops of dilute hydrocyanic acid with half a teaspoonful of paregoric was prescribed with but little relief. I then prescribed for myself, changing the mixture several times, getting some relief from day attacks, but at night the cough was bad as ever. Seeing in one of my medical journals an advertisement of Glyco-Heroin (Smith), I sent for a sample to New York, as it was not to be had in any drug store in Montreal. I soon received through the post-office four ounces, and within forty-eight hours very marked relief ensued, and by the time I had used the four ounces I was almost well. Four ounces more completely cured me. I have kept a bottle of it in my house ever since, and two or three times during the year a threatened return has been promptly relieved by two or three doses of a teaspoonful, which is the proper quantity for an adult.

*Case II.*—Miss A. P., about twenty-four years of age, has been a patient of mine all her life. For the last four or five years has every spring been attacked with a spasmodic cough which lasted from two to three months, which I failed to relieve. Thinking possibly that there might be trouble in the throat, beyond my view, which might be the cause of the cough, I sent her once to Dr. Birkett, throat specialist. He reported that his examination was negative. The cough, as usual, continued till the weather became very warm. Last spring she consulted me for the same cough, and told me very candidly that if I failed to relieve her she would try some one else. I prescribed Glyco-Heroin (Smith), four ounces, and before she had finished it she was completely cured. She, so far this spring, has had no occasion to consult me.

*Case III.*—J. L. F., a physician (specialist), consulted me in August, 1891, for a hoarse, spasmodic cough, which was most aggravating both by night and day. He feared whooping cough, as his sister's children, who resided in the same house, were all down with the disease. I prescribed for him four ounces of Glyco-Heroin (Smith). Within a few days he reported to me that he was fifty per cent. better. I think that he repeated the same quantity twice, by which time he was practically cured.

*Case IV.*—F. I. B., aged about fifty-eight years, an old soldier, now employed as watchman in a safe deposit company. Has been a patient of mine for the last eighteen years. Is asthmatic, but the attacks are not frequent. Has had repeated severe attacks of acute bronchitis. In December, 1901, sent for me—diagnosis, acute bronchitis. Bronchial râles all over anterior and posterior chest. Cough severe, expectoration characteristic. Ordered croton oil liniment to chest, front and back, and gave a mixture of vin ipecac, vin antimon., tinct. of aconite, and syrup of squills. For five days this treatment was followed without the slightest improvement in any of the symptoms. I then prescribed Glyco-Heroin. The following day, when I made my visit, the patient exclaimed on my entering the room: "Doctor, why did you not give me that medicine before? It has given me immense relief." And so it had; the cough was greatly diminished; the expectoration much less. Before he had finished a second four ounces I allowed him out of bed, for he was practically convalescent.

*Case V.*—W. McG., aged about sixty-five, consulted me in January, 1902, for a persistent, irritative cough which had persisted since October last. He had been under the care of his family physician without relief. I placed him on Glyco-Heroin—a four-ounce mixture cured him perfectly.

I have brief notes of at least a dozen such cases in which marked relief followed the use of Glyco-Heroin (Smith), but the above will suffice to show that in it we have a most valuable therapeutic agent.

Dr. George Hall, of Point St. Charles, Montreal, whose atten-

tion I drew some months ago to this valuable preparation, sends me the following brief notes regarding its use in his hands:—

“ 1. In three cases of tuberculosis, where the cough was very troublesome, especially during the night, 3*i* dose of Glyco-Heroin (Smith), was given before retiring. Not only was the sleep better, but the “night sweats” were diminished in severity, and the sputum more easily expelled on rising.

“ 2. L. L., æt. 17.—*Acute Laryngitis*.—Commenced coughing at 11:20 P. M., coughed almost incessantly until 1:20 A. M. (2 hours), 3*i* Glyco-Heroin (Smith) given; cough ceased in about ten minutes, and patient slept until 7 A. M. without coughing once in the interval.

“ 3. Two cases of chronic bronchitis, treated with the usual remedies for about four weeks, with but little benefit. Glyco-Heroin (Smith) given in 3*i* doses every fourth to sixth hour; expectoration was freely established and cough subsided. At the time of writing both cases are apparently cured; in one case one month has elapsed, in the other, two months.

“ 4. J. F., æt. 6.—*Whooping Cough*.—Five drops of Glyco-Heroin (Smith) every third hour relieved the paroxysms; the duration of the latter were shorter and farther apart.”

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#### THE VAPOR METHOD OF ANESTHESIA.

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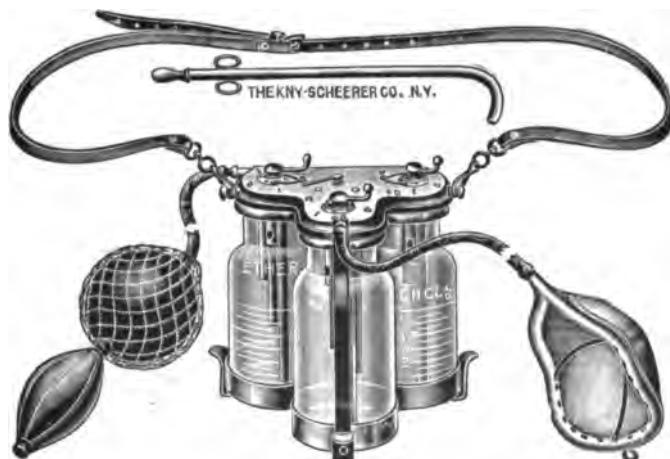
BY DR. JAS. T. GWATHMEY, OF NEW YORK.

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THE stated meeting of the Medical Society of the County of New York was held at the Academy of Medicine on Monday, Sept. 25, 8:15 P. M. Dr. James T. Gwathmey read a paper on “The Vapor Method of Anesthesia.” He portrayed the evolution in the administration of anesthetics from the time chloroform was given “powerfully and speedily,” and when an unmeasured quan-

ity of ether was poured into the open cone, up to the present, when each drop of these powerful drugs is both measured and timed. Snow, Clover, Paul Bert, Junker, followed in succession, and assisted in eliminating the unknown and placing anesthetics on a firm and solid basis. The Harcourt Chloroform Inhaler in England, the Braun Chloroform-Ether Inhaler in Germany, and the Gigliementi Oxygen-Chloroform Inhaler in France represent the very latest contributions toward the accurate administration of anesthetics. The objection to the French and English inhalers is that they are for chloroform alone, and use closed masks with valves. The Braun Inhaler is the best, but the mask was undesirable.

Dr. Gwathmey then exhibited his own inhaler, the unique features of which are that chloroform or ether can be given singly



or combined in any desired proportion; the ability to increase or decrease the air or oxygen without, at the same time, increasing or decreasing the anesthetic; the mask, an anatomically correctly fitting face piece, the rim of which is hollow and perforated

around the inner margin to allow the vapor to escape; otherwise identical with a folding Esmarch mask. This is covered with four layers of gauze, over which is placed a piece of oiled silk or rubber tissue. A small opening is cut in the middle of this gauze, so that, during the induction period, a few drops of chloroform may be added as with vigorous alcoholics. Dr. Gwathmey's inhaler gives a maximum two per cent. chloroform vapor with a minimum of one-tenth per cent.

The inhaler, which is made by the Kny-Scherer Company, consists of three ounce bottles, in each of which are four tubes, varying in length from one that reaches the bottom of the bottle to one that penetrates only the stopper. These tubes represent four degrees of vapor strength, the longest, with the mask just described, has an estimated one per cent. vapor strength; the shortest, No. 1, representing a very attenuated vapor, one-tenth per cent. As the mask is not air tight, the vapor cannot be compressed, thus avoiding the danger of an overdose. The advantages of this form of anesthesia are:—

1. A pleasant induction stage.
2. Stage of excitement absent.
3. Pulse and respiration normal. No mucus rale of bilowy breathing.
4. Complete relaxation.
5. Absence of unpleasant after effects on account of the attenuated vapor used.
6. The continued use of an attenuated oxygen or air and chloroform vapor of known percentage, to which an attenuated ether vapor can be added or substituted, when conditions require a change.
7. A possible change in the vapor percentage, with the same flow of oxygen or air, by a change of tubes, or by varying the pressure in the same tube, or by a combination of the two methods.

In the discussion following, Dr. John A. Bodine urged the desirability of overcoming the element of fear. Dr. Franz Toerck expressed himself as thoroughly satisfied with the method, having used it extensively. Dr. Wallace Lee said that he had often used this form of anesthesia, and had never seen a single case of nausea or any other bad after effects.

## *Records, Recollections and Reminiscences.*

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### THE PROWLING SOLDIER: AN ARMY REMINISCENCE.

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BY W. TAYLOR, SURGEON, C. S. A., OF TALLADEGA, ALA.

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THERE was something distinctive in the character of the successful "prowling" soldier. Like the poet and orator, he was born to his avocation. There was one or more soldiers of this type in every important Confederate command. And there are few veterans who will fail to recall some soldier noted for his success in "prowling," or foraging for extra rations.

The most noted soldier of the Tenth Alabama Regiment as a "prowler" was Private Martin, who will be remembered by his surviving comrades. Martin was not only the most successful forager of his command, but a brave and fearless soldier, who was never out of place when a battle was on hand.

An instance of the audacity of Private Martin is recalled on the advance of Lee's army into Pennsylvania. The army had left Virginia, which for more than two years had been devastated by the blighting tread of both armies. The Confederate army was now in Cumberland Valley, a few miles below Chambersburg, and the change was like a transfer from a desert to a land flowing with milk and honey. Here the army had encamped for the night. The following June morning General Lee had published to his entire command a vigorous order forbidding all manner of trespassing. The surroundings were ideal as a field for foraging, and the temptings irresistible to the expert prowler, who was doubtless out on his mission when the order was published.

The army had struck camp and resumed the march. General Wilcox was in the rear of his command, and at this moment the writer was with him. Riding at a brisk pace, in order to reach the head of his brigade, he discovered a soldier with a number of fat hens dangling from his rifle, evidently seeking to gain the column ahead of us. Turning to me, he inquired, "Is not that one of

our men?" I said, "Yes, he belongs to the Tenth Regiment," and knowing the General's admiration for a brave soldier, with the view of softening his feeling toward Martin, added, "You have not a better fighting soldier in your brigade." Nevertheless Martin was halted and reprimanded for violations of discipline. He was told that when the battle came on he would be out "prowling" instead of in the right place in his command. "That, sir," alluding to his hens, "is not the kind of poultry I want." "Go, sir, and report to your captain, and tell him to put you in arrest." "Yes, sir," responded Martin, with an air of relief, well knowing that with a half dozen fat hens and a haversack of fresh eggs, he would receive no punishment.

In less than a week a different scene was witnessed between General Wilcox and Private Martin. On the day that the soldier received his reprimand the brigade marched only about six miles east of Chambersburg, to the little hamlet of Fayetteville, where it was encamped for some days awaiting the movement of the forces soon to join in battle at Gettysburg. The country around was a tempting field for the forager. As a matter of course, Martin was out in quest of country delicacies. On approaching a farm house, he saw four Federal soldiers, who had not discovered his presence, enter the front yard, stack their guns against an apple tree, and enter the house. Most lone "prowlers," in view of the disparity in numbers, would have given that farm house and the Yankee soldiers a wide berth. Not so with Martin. He promptly went into the yard, took possession of their guns, and forced the soldiers to surrender. He now marched them three miles into camp, nor halted until he had filed them in front of General Wilcox's quarters. With good-humored audacity he now called the General's attention to the prisoners, and naively remarked, "General, does this kind of poultry suit you any better than that I had the other morning?" The General, remembering his man, and appreciating the humor of the situation, replied in a tone of admiration, "Go, you rascal, and turn your prisoners over to the provost guard."

There was no braver Confederate soldier than Martin, but he was a born prowler.

## TRAUMATIC TETANUS.

BY T. P. EDWARDS, M. D., ASSISTANT SURGEON C. S. A., OF  
GRANITEVILLE, S. C.

THIS case was treated in 1863, at General Hospital, Hardeeville, S. C., Surgeon W. S. Meiere in charge, and Assistant Surgeon Capers M. Rivers, Contract Surgeon, M. M. Sams, M. D.

Private H. H. Hickman, of Colcock's Squadron Cavalry, twenty-two years old; admitted April 10, 1863. Gunshot wound of biceps, the twenty-two buckshot passing through, grazing the humerus. On admittance patient was found recovered from shock; had been a most abstemious man; had never tasted any alcoholic stimulants, did not use tobacco, tea, or coffee; teeth large and white, without a defect; pulse quickened by excitement to 86; after twenty-four hours went down to 78, where it remained, except during paroxysm it would rise. In the interval normal 78 would be its speed. Cold water dressing was used. On the ninth day contractions began in the forearm. Another examination was made, and I found two buckshot nested on circumflex nerve. An incised wound was made, and they were extracted. A discussion then arose as to the propriety of dividing this nerve, but it was decided not to sever it. Both wounds continued healing, with a dressing made of an ointment of alder berries, lard, and wax, to harden it; this change of dressing was made on ninth day after admittance, and that night the tetanic contractions increased to severe opisthotonus. He was chloroformed and kept anesthetized as long as was considered safe; this would relax him, but upon removal of chloroform the contractions returned; all known remedies were tried, especially cannabis indica, but with no results.

On the twenty-first day we decided to give him a tonic treatment made from dog-wood, poplar and cherry bark, and whisky, which was sent us by Medical Director Surgeon Brodie, as a prophylactic, and was issued as a ration each morning, a gill to each soldier, to act as an antidote to malaria. We had received

a barrel containing forty-five gallons, and gave this patient a gill every two hours, until in the twenty-four hours he had consumed a quart, and was truly drunk. After this one pint was used every twenty-four hours, and at the end of the twenty-first day from the time we began tonic treatment he was so much improved that a gradual diminution was begun, until we furloughed him for sixty days, and got it down to three drinks a day of about a wineglassful, and gave him a half gallon to take home with him. When he returned he brought back a quart; said it nauseated him. When we got him under the influence of this tonic, opisthotomus disappeared the third day, and jaws could be used to masticate food. He lost much flesh the first three weeks, but as soon as he could get solids down, he rapidly regained what he had lost, and added about twenty pounds by the expiration of his sixty days' furlough. His mind was clear all the time; all functions of the body were performed without artificial aid. He was alive in 1900, and in good health.

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## *Obituary.*

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### DR. JAMES MONTGOMERY HOLLOWAY.

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IN the death of Dr. Holloway, which occurred in Louisville, November 13, the profession has lost one of its most eminent members. As a general practitioner he was among the most notable of the South, and as a surgeon he has made a distinguished impression, not alone in America, but in the world at large. He was a man of great breadth of professional thought and of great enterprise as a pioneer in the department of surgery. In addition to his eminent professional character, he was a man distinguished for his great sympathy with human life and for great charity, as all great physicians are, for the weaknesses of the world. He was greatly beloved by all classes of people to whom he ministered, as well as greatly respected for his professional skill.

Dr. Holloway was born in Lexington, Ky., July 14, 1834. In 1846 his father removed to Grand Gulf, Miss., and in 1848 the son entered Oakland College (Miss.), remaining two years. At the age of eighteen he entered Centre College, Danville, Ky., and was a member of the distinguished class of '55, which contained many men who became eminent in later life. He returned to Mississippi, began the study of medicine, and in the autumn of 1855 entered the Medical Department of the University of Louisiana. There he remained three years, and in that time was the first interne appointed to Touro Infirmary. Following this, he was interne at the Charity Hospital of New Orleans, being a private student of Dr. Warren Stone at that great hospital. Graduating in the spring of 1858, he located in Madison County, Mississippi, where, with the thorough clinical equipment he had gained in New Orleans, he at once entered upon a large and successful plantation practice. Early in 1861 he enlisted as a private in the 18th Mississippi Regiment, Confederate States army, but was almost immediately elected surgeon of the regiment, serving with distinguished success in the field for a year, when he was appointed by the surgeon-general to organize the hospital service in Richmond. His field service covered all the actions of the army of Northern Virginia from the battle of Manassas until he was transferred to the hospital service in Richmond. He remained in charge of the hospitals of Richmond until the close of the war. His great ability as an organizer, and his forceful character, were very manifest in this service.

At the close of the war he came to Louisville, Ky., and was appointed to the chair of anatomy in the University of Louisville, serving one year, and was then appointed to the chair of Physiology and Medical Jurisprudence. He resigned this chair to accept that of Surgery in the Kentucky School of Medicine. This chair he resigned to accept the chair of Surgery in the Hospital College of Medicine, which college he was the leading spirit in organizing. He resigned this chair to accept that of Surgery in the Louisville Medical College, and in the Kentucky School of Medicine again, and later was professor of Clinical and Operative Surgery in the medical department of Kentucky University, which

he occupied until two years ago, and resigned, being made Emeritus Professor of Surgery, which continued until his death.

In 1882 he was elected President of the Tri-State Medical Society, though not present at the convention then being held at St. Louis. In 1898 Dr. Holloway visited England, Germany, and France, where he received many distinguished attentions from the medical fraternity of both a professional and social nature.

Dr. Holloway was a man of the most forceful and determined nature in his profession, having great confidence in his conclusions, which were arrived at by careful study; impatient of contradiction while the question was open, but singularly generous in his opinions after the matter had been settled. He gave his opponent in discussion credit for great knowledge, but insisted upon his own views in governing action. Out of his profession he was singularly modest, and failed to understand his own eminence. His life and work have been of great value to the profession. An open-hearted, generous man to whom all his patients looked as a friend. To the poor he was particularly tender, and looked upon their treatment as the duty of his profession. He had a high opinion of the calling of a physician, and lived up to his opinions in this as in all things. During the reunion of the Confederate Veterans in Louisville in 1905, one of the most prominent of the veterans from Mississippi said, in speaking of Dr. Holloway: "In Mississippi we love him more than any other man from the State in the war." This was an echo of his service in the Richmond hospitals.

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DANIEL E. NELSON, M. D.

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A GRADUATE of Vanderbilt University, Medical Department, Nashville, Tenn., 1882; Member and ex-President Chattanooga and Hamilton County Medical Society; member and ex-President Tennessee State Medical Association; member American Medical

Association, and member House of Delegates to same; and other medical societies; a consistent and faithful attendant at all medical meetings.

Dr. Nelson was born near Murfreesboro, Tenn., in 1859, and at the time of his death was in his forty-seventh year. He had practiced in Chattanooga twenty-two years. No death in recent years has caused such universal sorrow; he was beloved and esteemed by all. Died at Chattanooga, Tenn., November 9, from fracture at base of skull, the result of a fall from his horse thirty-six hours previous. The local Medical Society, at a called meeting, adopted the following resolutions:—

*"Whereas,* The Great Physician has called our brother practitioner, Dr. Daniel E. Nelson, it is with a feeling of profound sorrow that we recognize and submit to the inevitable in his death; therefore, be it —

*"Resolved,* That in his life we appreciate the attainment of the highest qualities that should pertain to a physician in the true and full sense of that term; that we recognize his high mental capacity, his modest demeanor, his sterling integrity, his unswerving attitude for the good and true, his indomitable energy, and wide, far-reaching Christian charity, combined with an exalted ideal of the broad views of his mission as an agent of the Creator and Preserver of mankind.

*"Resolved,* That in his death the Hamilton County and Chattanooga Medical Society has lost a true, good friend and fellow; the medical profession a conservative, capable member; the community a valuable citizen, and the world an honest man.

*"Resolved,* That these resolutions be spread on the minutes of the Society, and that copies be sent to the newspapers and his immediate relatives.

"Respectfully submitted,

"P. D. SIMS.

"G. A. BAXTER.

"E. B. WISE.

"B. S. WERT.

"B. F. TRAVIS.

"C. HOLTZCLAW."

ALEXANDER POWE HALL, M. D., Tulane University of Louisiana, Medical Department, New Orleans, 1859, of Mobile, Ala., surgeon in the Confederate service throughout the Civil War, and one of the volunteer physicians who served through the yellow fever epidemic in Memphis, Tenn., in 1878, died at the Providence Infirmary, Mobile, October 22, from injuries received in a street car accident the day before, aged sixty-nine.

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HAL WALKER MANSON, M. D., University of Nashville and Vanderbilt University, Medical Departments, Nashville, Tenn., 1867, a Confederate veteran, in 1897 a member of the Texas Legislature, died at his home in Rockwell, Texas, October 27, after an illness of several weeks, aged sixty-four.

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### *Editorial.*

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#### SOUTHERN QUARANTINE AND IMMIGRATION CONFERENCE.

PURSUANT to a call issued by His Excellency, Gov. Jno. I. Cox, of Tennessee, quite a notable gathering of leading and prominent men of the South took place in Chattanooga, Tenn., beginning Thursday, Nov. 9, ult., with morning, afternoon, and evening sessions on that day and the following one. Governor Cox was made permanent chairman, and Thos. K. Brewer, of N. C., secretary. There were in attendance over two hundred prominent men as leading citizens of all the Southern States, including the chief executives of Tennessee, Kentucky, Mississippi, Louisiana, West Virginia, North Carolina, Virginia, South Carolina, Georgia, the Surgeon-General of the Public Health Service and Marine Hospital, the Commissioner-General of Immigration, U. S. Senators, Congressmen, mayors of cities, local and state health officers, doctors, lawyers, teachers, preachers, and men engaged in commercial, agricultural, and R. R. enterprises.

It was the outcome of the yellow-fever invasion during the summer, and a general interchange of views took place, some most excellent and practical addresses being made, and the outcome of it all was the adoption of a series of resolutions that we regard as a long step in advance of anything heretofore accomplished in the way of public health measures.

Among the splendid addresses and speeches made were the opening remarks of Governor Cox, the address of welcome by Senator Jas. B. Frazier, of Tennessee, the responses thereto by Governor Vardaman, of Mississippi, and Hon. Chas. P. Lane, of Alabama, and remarks and

speeches of Governor Glenn, of North Carolina, Governor N. C. Blanchard, of Louisiana, Governor Broward, of Florida, Hon. Jno. Sharp Williams, of Mississippi, Hon. W. B. Richardson, of Alabama, Dr. Walter Wyman, and others, all breathed a full spirit of compromise, and while they were at some points divergent, these were of minor importance, and the following resolutions were adopted with but little if any dissent; and both in the resolutions and the remarks of the speakers, the matter of that old bug-bear, "State Rights," was given its proper place. It is all well enough to hold fast to the rights of the sovereign States, but when occasion arises, such as foreign invasion, domestic insurrection, and an invasion of microbes or mosquitoes, the strong arm of the national government is required for their early, if not immediate suppression. This is in accord with views that we have advocated in these pages time and again in the past and we are glad indeed to see that the pendulum is at last swinging in the right direction. At some future time we may have more to say on this subject, but now we will let the resolutions speak for themselves.

"Whereas, The experience of recent years and especially the experience of this year, have demonstrated beyond cavil that the house mosquito, known as the stegomyia fasciata, is the sole known cause of yellow fever epidemics and have demonstrated the futility and nuisance of many antiquated methods of quarantine hitherto resorted to, and the wisdom and necessity, in the interest of the public health and the public business, of uniform regulations to prevent the importation into the United States of yellow fever and its spread from State to State in the unfortunate event of its introduction; now, therefore, be it

"Resolved, That we, delegates from Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, Missouri, Maryland, North Carolina, South Carolina, Tennessee, Virginia and West Virginia, hereby respectfully request the Senate and House of Representatives in Congress assembled to enact a law whereby coast maritime and national frontier quarantine shall be placed exclusively under the control and jurisdiction of the United States government, and that matters of interstate quarantine shall be placed under the control and jurisdiction of the United States government, acting in co-operation with the several State boards of health.

"We furthermore respectfully request that Congress shall make adequate appropriation to enforce and perfect the objects of this memorial and to stamp out as nearly as practicable the yellow fever-carrying mosquito in its breeding or living places in the United States, and by negotiating arrangements with the governments of Central and South America and the West India islands, in places where the said mosquito has its breeding places or exists in said countries.

"Resolved, second, That we urge upon the legislatures of the several

Southern States that they enact quarantine regulations as nearly as possible in accord and conformity as herein recited.

"We furthermore urge the governors of the said several States with the above object in view specifically to call the attention of the legislatures of their respective States to the wisdom and policy of this course."

In the course of his remarks, Governor Blanchard uttered the following :—

"I am a Democrat, born and bred. I drank it in my mother's milk. I give way to no man on earth to the cardinal principles of the Democratic party.

"Yet, I stand here on this platform as a Democrat, as a lawyer, as well as a Democratic governor of a great State of the South, to tell you that if you ever expect to obtain uniform quarantine regulations, you are never going to have it until the federal government takes over not only foreign and maritime quarantine, but the State quarantine as well." (Applause.)

And this paragraph is taken from the remarks of Hon. John Sharp Williams :—

"I not only claim that it is the power of the federal government, but I go further, and say that it is its duty, and it is a duty which has hitherto been neglected, and as much a duty to protect American people from the invasion of this dreaded disease as it is to protect it from the invasion of a German, British, French, or Spanish army."

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#### THE PROPRIETY OF PROPRIETARY MEDICINES.

BECAUSE some proprietary medicines are useless, ineffectual, and possibly in some instances harmful, is no reason that all such compounds are to be placed under ban, any more than because some lawyers are shysters, some preachers are "black sheep," and some doctors are quacks and irregulars, all the members of these professions should be condemned. The manufacture of trade-mark and proprietary preparations of drugs and chemicals is in our opinion a decided advance, a movement of progress; and if a manufacturing druggist can so arrange a combination of therapeutic agents as to make them more eligible, more palatable, more efficacious, he is in our opinion to be commended; and if he sees proper to give the combination a distinct and definite name, copyrighting the same, in order that he may reap the benefit of his investigation,—for as a rule all such are the result of investigation and study,—he should not be condemned any more than a writer of a medical book who copyrights the same. Any one knowing the ingredients of Fellows' Hypophosphites can compound the same, use and sell it, but he is debarred only from using the copyrighted name of "Fellows." And so it is with

all proprietary compounds—Listerine, Bromidia, Tyree's Antiseptic, Antiphlogistine, Hayden's Viburnum Comp., etc.

A patent medicine is a secret compound, its ingredients, as a rule, not known to other than the manufacturers—it is quite different to a "proprietary" or trade-marked combination. It is not essential that one should know just exactly how a proprietary is manufactured, the details and particular measures and manipulations in its manufacture are of no more importance to the physician than are the special machines and measures resorted to in the manufacture of gelatine capsules or adhesive plasters. Some manufacturing pharmacists have certain methods of making ether and chloroform, peculiar alone to their establishments, by which it is possible they obtain a greater purity, a more definite and reliable article; and in some instance, this being known, a special name, that of the manufacturer, is time and again used in ordering or prescribing these and similar articles. What the prescriber is interested in, is that his patient gets just what he has ordered. It is perfectly immaterial to him as to exactly how this had been manufactured as from trial in the past, he can rely on the manufacturer. He has learned by experience, tradition, or otherwise that certain preparations will give certain results—that is all that he desires and needs to know, and he so orders or prescribes.

Some good proprietary remedies having been evolved by the progressive spirit of the manufacturing pharmacist, numerous attempts have been made to make others, some, as stated, are good, others fail to accomplish anything and soon pass away, but those that have been demonstrated to give certain definite results, have remained and will continue to remain, and will continue to do good in the future as in the past.

A successful medical practitioner of many years' standing makes the following statement:—

"There are a large majority of combinations which extemporaneous pharmacy cannot prepare properly; and I know that through the dishonesty, ignorance, or indifference of many retail druggists we are not able to get on prescriptions the very best drugs; hence it is to the manufacturing pharmacist, whose best interest lies in the purity and uniformity of his product, that we must look for our most reliable remedies.

"I endorse worthy proprietaries, but I most heartily condemn the great tendency of the 'half-baked,' so-called manufacturing 'chemist,' to foist upon the profession and public cheap imitations of standard preparations."

In this we can most heartily concur, it coinciding with the views we have held for years, and as to which are only to-day the more positive in our mind. In the "Chairman's Address" before the Section on Pharmacology at the last (Portland) meeting of the American Medical Association, published in the Association Journal of Nov. 18, 1905, page 1537, we find the following:—"Almost the entire science of therapeutics is nothing else but more or less refined and varnished empiricism, all

protests to the contrary notwithstanding. The better a practitioner has trained himself to administer to the immediate needs of the patient, the better physician he is." And again on the following page:—"And now you know whom I consider the ideal, the true physician. It matters not to me what he prescribes to accomplish his immediate end, so long as he knows what he is prescribing. I don't care whether the drug which he employs is made in Germany or whether it is compounded in this country, whether it is patented and trade-marked or whether it is simply trade-marked. In this respect, all coons look alike to me. If he finds it convenient to prescribe or dispense a combination of known composition bearing a copyrighted name, that is simply his concern and nobody's else."

Many "proprietary" medicines have their beginning in a physician's prescription—it has cured a certain case or series of cases, or has given certain definite results, and some live, progressive pharmacist has promoted it. Such is the case I know with "Gray's Glycerine Tonic Compound," manufactured according to the formula of Dr. Jno. P. Gray, so long at the head of the Utica (N. Y.) Hospital for the Insane. It was suggested to me in a consultation case by the late Dr. Jno. H. Callender, then Superintendent of the Tennessee State Hospital for the Insane, and at least a dozen years before it was copyrighted and put on the market by the Purdue-Frederick Co.; and the same I can say as to "Wayne's Diuretic Elixir," both of which have become wellnigh standard, as they and others of like invaluable therapeutical results should Furthermore, I can get decidedly more definite results from either of these and like preparations when made by a reliable manufacturing establishment having an interest in maintaining their effectiveness, than I did when I used them before they were copyrighted, as I did time and again, and had to rely on the average dispensing retail druggist for their compounding. If you question this statement, just write out the formula for Churchill's Syrup Hypophosphites, and have any one of half a dozen retail prescriptionists compound your prescription, and see how it will differ in many important features from Fellows', Robinson's, or the Syr. Roborans of Arthur Peter & Co.

Bad as well as good proprietary medicines are put on the market, but I never knew one to have more than an ephemeral success when it did not possess real merit. Liberal advertising will do a great deal for a proprietary compound, and "you may fool some of the people some of the time, but you can't fool all the people all the time." A compound that is harmful, or that will not sustain the claims made for it, will soon drop out; many are failures, but a few are successes, and will continue permanently or until something better comes to take their place.

In conclusion, we will state that in our advertising pages will be found the advertisements of a number of *reliable* proprietary remedies, none of which will fail to sustain the claims made for them, and of the

fifty advertising pages in the last number of the *Journal of the American Medical Association* before us (Nov. 18, 1905) we find the advertisements of "proprietary medicines" on at least a "baker's dozen," or 25 per cent. That some proprietaries are good, we know full well, and as with anything else under the heavens, on the earth, or beneath its surface, that we know or believe will relieve a patient's suffering or promote his recovery, we will use and continue to use, believing that the greatest danger will be found indicated in the following quotation from a recent address of Dr. H. W. Wiley, of the Bureau of Chemistry, Washington City:—

"It may be represented to the pharmacist that a product which is not that required in a given instance is described as being of the same quality and usefulness and as serving the same purpose, and therefore as being a wholly proper substitute therefor. Since it can be offered at a very much reduced price, and sold at the same price as the genuine article, if the pharmacist is convinced of the truth of the representations made to him, he may fall a victim to this temptation. The very moment that this happens, he commits a moral crime, which, although in itself perhaps not threatening seriously in every case the health or welfare of the community, opens the door to a series of offenses of the same kind, which may end in the total degradation of the character of the wares which he keeps."

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#### SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

THE Eighteenth Annual Session will be held in Louisville, Ky., Dec. 12, 13, and 14 inst. The following Preliminary Program has been sent out by the energetic Secretary, Dr. Wm. D. Haggard, of Nashville:—

Presidential Address. Lewis C. Bosher, M. D., Richmond.

Grafting the Median Nerve into the Ulnar and Musculo Spiral into the Median. Dr. J. Shelton Horsley, Richmond.

End Results in Appendicitis Operations. Dr. E. E. Balloch, Washington.

Foreign Bodies in the Oesophagus. Dr. Stuart McGuire, Richmond.

Common Duct Obstructions. Dr. J. Wesley Long, Greensboro.

My Experience with Downe's Electrothermic Angiotribe in Pelvic and Abdominal Surgery. Dr. J. Wesley Bovee, Washington.

Scopolamine-Morphine-Chloroform Anesthesia. Dr. Horace J. Whitacre, Cincinnati.

A Successful Case of Total Excision of the Larynx for Epithelioma. Dr. James E. Thompson, Galveston.

Retroperitoneal Myomata of Uterine Origin. Dr. I. S. Stone, Washington.

Vicious Circle after Gastro Enterostomy. Dr. John B. Deaver, Philadelphia.

The Surgical Treatment of Floating Kidney; Post-operative Results.  
Dr. Floyd W. McRae, Atlanta.

Two Cases of Vaginal Cesarean Section for Eclampsia, both Recovered.  
Dr. John F. Moran, Washington.

The Diagnosis of Renal Calculus. Dr. Guy L. Hunner, Baltimore.  
Traumatism of the Ureter and Pelvis of the Kidney with Report of  
Cases. Dr. Rufus B. Hall, Cincinnati.

Penetrating Wounds of the Abdomen with Report of Cases, includ-  
ing a Case of Traumatic Rupture of Congenital Cystic Kidney. Dr. C. E.  
Caldwell, Cincinnati.

Fracture of Lower End of Femur; Operation Eight Months After-  
ward for its Correction. Dr. G. S. Brown, Birmingham.

The Surgical Treatment of Cancer of the Head and Neck, with a Sum-  
mary of 110 Cases. Dr. G. W. Crile, Cleveland.

Varicose Veins and Ulcers of the Leg. Dr. Robert Carothers, Cin-  
cinnati.

Goitre and its Surgical Treatment. Dr. C. H. Mayo, Rochester.  
The Radical Cure of Femoral Hernia. Dr. W. B. Coley, New York.  
Observations on Late Lesions of Syphilis. Dr. W. E. Parker, Hot  
Springs.

Treatment of Impotency by Resection of the Vena Dorsalis Penis.  
Dr. G. Frank Lydston, Chicago.

Complete Tear Operations and After Treatment. Dr. Howard A.  
Kelley, Baltimore.

Two Unusual Cases of Surgical Affections of the Biliary Ways  
Dr. Joseph Ransohoff, Cincinnati.

An Operation for Large Rectocele. Dr. George H. Noble, Atlanta.  
Laminectomy with a Report of a Case. Dr. R. E. Fort, Nashville.  
Overlapping the Fascia in the Closure of Wounds of the Abdominal  
Wall. Dr. Charles P. Noble, Philadelphia.

The Treatment of Aneurism. Dr. F. W. Parham, New Orleans.  
The Results of Dudley's Operation in Anteflexion of the Uterus.  
Dr. C. Jeff Miller, New Orleans.

Chronic Endocervicitis, a New Method of Treatment with New In-  
struments. Dr. Daniel O. Craig, Boston.

Some of the Uses of Pelvic Massage. Dr. Joseph Taber Johnson,  
Washington.

Recent Progress in the Surgery of the Vascular System. Dr. R. Matas,  
New Orleans.

Gall Stones in the Hepatic Duct. Dr. William D. Haggard, Nashville.  
The headquarters of the Association will be at the Seelbach Hotel.  
Dr. W. O. Roberts, of Louisville, is the Chairman of the Committee of  
arrangements. Railroad rates at one and one third. Get certificates  
int.

THE AFTERMATH OF YELLOW FEVER.—The citizens of Memphis have presented Dr. Heber Jones with a check for \$10,000 for his splendid services in improving the health conditions of the city, and in keeping the yellow fever out of Memphis this year. Dr. Jones has proved himself the most valuable health officer that any Southern city perhaps has ever had. As President of the Board of Health he sacrificed a large practice and devoted himself conscientiously and exclusively to the public service. He was fortunate in having no restrictions placed on him. He was given free swing, and he has never allowed any political considerations to interfere with him in the discharge of his duty, and the city administration has never sought to hamper him in any way. Dr. Jones kept the fever out in 1898. He also kept it out this year in spite of the efforts made in some quarters to nullify the quarantine he established. We congratulate Dr. Jones, and we congratulate Memphis, in that her action is more to be commended than New Orleans, whose citizens spent more than \$250,000 to get Yellow Jack out after he had got in.

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THE PAUL F. EVE MEDICAL SOCIETY of the medical department of the University of Tennessee re-organized with the election of the following officers: President, H. C. Eckhart, D. D. S.; Vice-President, A. W. Hale; Recording Secretary, O. S. Tenly; Corresponding Secretary, G. M. Saliba, D. D. S.; Treasurer, S. P. Booth; Critic, E. E. Reisman. The aim of the society has been and still remains to stimulate in the members a devotion to medical organization. All members of the student bodies of the Medical and Dental Departments of the University of Tennessee are eligible to membership. The society meets bi-monthly for the reading and discussion of papers and essays on medical subjects. The enrollment at the first meeting, October 21, was over forty, and this number will be largely increased during the winter. At the second meeting, held November 4, the following papers were read and discussed: "Inflammation and its Relation in Infection," by G. W. Hale; "Typhoid Fever and its Complications," by J. R. Rickman, this latter discussed by Bush, Goolsby, and Smoot; "Embryology up to Placental Formation," discussed by Bush and Saliba.

The next meeting was held November 18, and papers were read by H. Rodgers, on "Mercury, Its Physiological Action and Therapeutics;" "Anatomy of the Eye and Physiology of Vision," by E. A. Jones. In the discussion of the first paper its action on syphilis was considered, also the latest observation of the mechanical action by the fineness of its globules, and that it never combines in the system, but is merely taken in, absorbed and is eliminated as mercury; also intramuscular injection of the drug.

THE RUTHERFORD COUNTY MEDICAL SOCIETY met at the offices of Drs. Murfree, Murfreesboro, Wednesday afternoon, Nov. 1, 1905, with Dr. E. H. Jones presiding.

Dr. J. B. Murfree, Sr., read a most excellent essay on the subject of "Appendicitis," which was thoroughly discussed by the members present.

Dr. S. C. Grigg presented a very practical paper on the subject of "Abortion," which elicited much discussion.

The following members were in attendance at this meeting, viz.: Drs. S. H. Wood, G. W. Crosthwaite, J. P. Lyon, D. C. Huff, S. C. Grigg, J. B. Murfree, Sr., J. B. Murfree, Jr., E. H. Jones, *President*, and Rufus Pitts, *Secretary*.

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#### INTERNATIONAL MEDICAL CONGRESS FOR 1906.

The committee in charge of the International Medical Congress, which will be held in Lisbon from April 19 to 26, 1906, has written asking for the contribution of papers on the following medico-legal subjects, and saying that as yet no titles of communications touching on any of these subjects have been received from this country:—

The Signs of Virginity and of Defloration in Medico-Legal Relations.

Hand Marks and Finger Prints; Their Medico-Legal Importance.

The Medico-Legal Importance of the Carunculæ Myrtiformes.

The Mechanism of Death by Hanging.

The Value of Bacteriological Examination of Vulvo-Vaginal Discharges in the Determination of Venereal Contagion.

The Signs of Death by Drowning.

Ecchymoses in Legal Medicine.

Spontaneous and Criminal Abortions from a Medico-Legal Point of View.

Medico-Legal Investigation of Blood Stains.

The Relations Between the Seat of Cerebral Contusions and the Point of Application of the Agent which Produced Them.

Epilepsy in Legal Medicine.

The Induction of Abortion, When is it Permissible?

The Value of Legal Medicine in the Study of Criminal law.

The Best Legislation for the Protection of the "Medical Secret" (the Obligation Imposed upon Physicians to Treat as Inviolable all Information Concerning Patients Obtained while in the Discharge of their Professional Duties).

The Effects of the Civil and Penal Law Toward the Newborn Living Infant.

Distinction Between the Natural Openings in the Hymen and Tears of this Membrane.

## Criminal Vulvar Copulation.

## Organization of Medico-Legal Services.

If any of the readers of this communication intend to take part in the discussions of this section of the congress, or to prepare papers for it on any of the subjects mentioned, or on any other subject in medicine or surgery, he should inform the Secretary of the American Committee.

RAMON GUTIERAS,

Secretary American National Committee,

75 West 55th Street, New York.

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EETHOL.—J. A. Herring, M. D., Myrtle Springs, Texas, says in the *Alkaloidal Clinic*, "I have just received the *Clinic*, and find an article by Dr. Thudichum on "Echinacea." I have used it with perfect success for the last five years, first employing Lloyd's specific tincture and later Eethol, from Battle & Co., containing echinacea and thuja. I give the former the credit. And I want to say that it is a specific for all that Dr. Thudichum says. It has been so in my hands. I have just counted the empty Eethol bottles in my office and find twenty-six used in the last year. In fact, people come twenty-five and fifty miles to have me treat old sore shins and the like. It stops boils and carbuncles; and I give it in all glandular inflammations. Pus and Eethol cannot stay in the same place. Try it, Doctor, and you will be convinced.

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PERSONAL.—An important change occurred in medical circles in this city when Dr. W. D. Haggard closed his private infirmary and established a connection with St. Thomas' Hospital. This private infirmary in the east has been largely supplanted by this well conducted hospital.

Nashville has been unique in the number and prominence which her infirmaries have attained. There is a certain distinction in the maintenance of such an institution and they have accomplished a high degree of usefulness. They have served to foster the individuality of the physician or surgeon engaged in their operation, and nowhere has their efficiency and fame been brought to greater perfection than in Tennessee's capital city, and she is justly proud of them.

Among the most elegantly conducted and prosperous of these institutions was the one conducted by Dr. Haggard. It was founded by his father in his former home, the old General Zollicoffer residence, and since the death of the elder Haggard, the magnificent old Lea mansion has been utilized by his son. The signal success achieved by this energetic surgeon not only in the management of his Infirmary but in the volume of surgical work accomplished and the scientific spirit which has characterized his efforts, has been most laudable.

In his connection with St. Thomas' Hospital he brings to bear a rich

surgical heritage and experience and will also bring fame to this Hospital as he has to others with which he has been connected. St. Thomas' Hospital is new, splendidly constructed, with every possible needed appliance for the care of the sick and injured, magnificent rooms, well heated and ventilated, and under the care of the self-sacrificing and devoted Sisters of St. Vincent de Paul and their capable and well-trained corps of nurses and attendants, a surgeon can accomplish fully as much in the care of cases entrusted to him here as in any institution of like character in this country.

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We have just received from W. B. Saunders & Company, 825 Walnut St., Philadelphia, the widely known medical publishers, an unusually attractive illustrated catalogue of their complete list of publications. It seems to us, in glancing through this catalogue, that a list of the Saunders authors is a census of the leading American and foreign authorities in every branch and specialty of medical science. New books are being added and new editions issued with a rapidity that speaks well for the success and progressiveness of the house, and we feel it but justice to say that, in the presentation of facts about the books listed, a probable buyer wishes to know, and also for beauty and durability of mechanical get-up, this catalogue surpasses anything we have heretofore seen. It is truly representative of the house. A copy will be sent free upon request.

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If your subscription has expired, which will be shown on the mailing wrapper, look at the "*Rare Chance*" offered you in our clubbing propositions. Now is the time to renew, and if you want additional reading matter, either professional or literary, just try one of the sixteen offers. Each offer is separate and distinct, and if you want either one, cut it out of the advertising page and enclose it with your remittance. This proposition will not be held open very long, so if you wish to take advantage of it act *promptly*. The advertisement will be found between reading pages 3 and 4.

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DR. WM. KRAUSS.—A business communication from this gentleman, of date Nov. 10, 1905, informs us that he has "just returned from a two weeks' vacation after a sixty-four days' campaign against yellow fever in Louisiana." He and his associates are to be most heartily congratulated on the magnificent and successful accomplishment of the trying campaign. Dr. Krauss will hereafter be found at his clinical laboratory, in the Randolph Building, Memphis, Tenn. He deserves the sincere commendation of his home people, and the citizens of Tennessee and the entire country.

**STARVATION METHOD IN THE TREATMENT OF CANCER.**—This autumn (1905) Dr. Dawbarn met Dr. Ernest Laplace, of Philadelphia, the well-known surgeon, just back from Paris. He said that he had there seen Professor Doyen do the starvation operation on more than one patient with cancer of the tongue; and that it is now in frequent use among Parisian surgeons. They realize that it is not permanently curative of cancer, but Dr. Laplace says they claim to get more effective results both from X-ray and from antitoxin treatments of malignant growths when they are used immediately after the starvation operation, because then the tumor is nearly devitalized for the time being and unable to resist. This, too, agrees with the now well-recognized fact that radium used locally against malignancy proves successful only or mainly in instances where the tumor is placed in a region of feeble circulation.

Of course, it is now understood in Paris, as elsewhere, that the starvation plan is not recommended where a cancer or sarcoma is capable of being excised, nor where it is so placed as to be fed by the internal carotid artery.

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**UTILITY OF COCA AS A HEART TONIC.**—Coca is of service as a heart tonic in many ways: (1) As a depurative of the blood stream, stimulating the elimination of tissue waste. (2) Through rendering the muscular structure of the heart free to perform its functions untrammeled by the clogging of waste. (3) By a direct stimulant action on the cardiac muscle. (4) By its tonic influence upon the vaso-motor nerves. (5) By stimulating the vagus center. Coca is useful in simple muscular weakness from malnutrition or that following acute disease; it is also extremely serviceable in valvular disease without compensatory hypertrophy. Unlike digitalis, Coca is not cumulative in its action, and hence may be given for long periods. The concentrated fluid preparation, Thé or Tea Mariana, will be found particularly useful when a stronger Coca action is desired than is afforded by the administration of Vin Mariani.—*Coca Leaf, January, 1905.*

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**EVERY LITTLE BIT HELPS.**—“One of the spiciest little journals that comes to the Secretary is the *American Medical Journalist*. It contains many very readable articles, and its last issue seems to be chiefly directed against the various transactions of the American Medical Association, especially against the *Journal*. We rather think that there is a great deal of truth in what it has to say and advise all who wish to know both sides of the question to read it. It is published by D. A. O’Gorman, of New York.”—From the *Journal of the South Carolina Medical Association* (published under the direction of the Publication Committee of the South Carolina Medical Association), Charleston, S. C., Sept. 21, 1905.

## THE ANTISEPTIC BABE.

BY EDNA KINGSLEY WALLACE.

We can sterilize his bottles, we can boil his little mug;  
 We can bake his flannel bandages and disinfect the rug  
 That envelopes him when he partakes of medicated air,  
 But there's one impossibility that leaves us in despair,—  
 And a not unjustifiable one, you will allow—  
 To wit: we fear 'twould never do to sterilize the cow!

So we feed the baby Medicus's hygienic dope,  
 And we wash his face with germicidal antiseptic soap;  
 And we brush his little toothums—or the place where they will be—  
 With diluted Glyco-Thymoline, most sanitari-lee;  
 Then despair to see a milky effervescence supervene  
 On a countenance which theretofore was surgically clean.

Thus, although we strive to conquer every septic circumstance,  
 Yet we greatly fear a ghastly alimentary mishance;  
 For albeit we bake and boil his things, scrub, and soak and souse,  
 As if in his anatomy forever cleaning house,—  
 The recklessness with which he sucks his vagrant tiny thumb  
 Imperils much his precious antiseptic little tum.

We are careful of his hours, we are thoughtful of his toys;  
 We are mindful of his sorrows, and judicious of his joys;  
 We are prayerfully considerate of needful discipline,  
 Of our little "Mother's Handbook" and the precepts writ therein;  
 And we strive to render sterile all designed for mouth or tum,  
 But one frightful danger menaces—we cannot boil his thumb!

—*Harper's Magazine, August, 1905.*

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PROBILIN unites the antiseptic action of salicylic acid with the chalagogue effect of acid sodium oleate, the phenolphthalein and menthol contained in the compound insuring perfect tolerance and regulating intestinal activity. The salicylic and oleic acids are excreted by the epithelia of the biliary passages, and thus brought to the very site of the process, where they combat the infection which is usually present, stimulate bile-flow, diminish mucosal swelling, soften the calculi, and promote their elimination.

The remedy is equally efficacious in certain cases of bile stasis without concretion formation, *i. e.*, the form sometimes observed in cirrhosis of the liver, as well as in hepatic torpidity.

TUBERCULOSIS, CLIMATE, AND THE GREAT SOUTHWEST.—Several months ago, Dr. Albert B. Hale, of Chicago, member of the Pan-American Medical Congress, undertook at the instance of the *Reader*, an examination into the problem of tuberculosis, and, particularly, the efficacy of its treatment by removal of the sufferer to some section of the southwest. Dr. Hale's investigation, which was searching and thorough, has been completed, and the results of his observations will appear in two articles in the *Reader*, the first of the articles appearing in the January number.

Dr. Hale has approached his subject in the spirit of the true investigator; his deductions are most interesting, and so radical as to directly controvert the theories and practice of the great majority of Northern and Eastern physicians.

In the two articles, Dr. Hale has outlined what have appeared to him to be the only conditions under which the tuberculous may journey to the Southwest with any hope of recovery or improvement. His facts, gathered at first hand from practitioners throughout the Southwest, appear to bear out, in all respects, the theories he has formulated; and the articles are certain to be deeply interesting and instructive to all who, in the capacity either of physician or patient, have had to do with tuberculosis. The articles will appear in the *Reader* under the title, "Tuberculosis, Climate, and the Great Southwest."

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UTERITIS AND ULCERATION.—I have given Diovinburnia a fair trial, and am much pleased with its therapeutic effects. I prescribed Diovinburnia in a case of uteritis and ulceration of the labia majora, fourchette, etc., of long standing. The labia majora and fourchette, with the clitoris and meatus urinalis had been poisoned by the patient's fingernails, owing to intense itching of those parts, as she expressed it. After a minor operation and the application of Germiletum locally she was put on Diovinburnia. Improvement began to manifest itself immediately. When she first came to my office for treatment she was unable to put her feet to the floor. I can safely say that she is now entirely well—sleep has returned, appetite good, and digestion perfect.—F. L. MacDonald, M. D., Darien, Conn., November 6, 1905.

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TREATMENT OF EPILEPSY.—I have used Neurosine in a case of epilepsy, and as you say find it almost a specific for the convulsions. The patient is ordering by the half dozen bottles.

I have prescribed Neurosine after protracted spree with fine results, also in insomnia.

Neurosine is certainly the best remedial agent in the class of cases for which it is indicated.—*Synopsis of Clinical Report by S. I. Moody, M. D., Chicago, November 2, 1905.*

**IDIOCYNCRASY OR SOME OTHER REASON.**—We meet with many cases in practice suffering intensely from pain, where for an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth or morphine hypodermically, but frequently these very cases take kindly to codeia, and when assisted by Antikamnia its action is all that could be desired.

In the grinding pains which precede and follow labor, and the uterine contractions which often lead to abortion, in tic douloureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia, and dysmenorrhea, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative, but in very many cases curative. The most available form in which to exhibit these remedies is in Antikamnia and Codeine Tablets.

The physician cannot be too careful in the selection of the kind of codeia he administers. The manufacturers of Antikamnia and Codeine Tablets take every precaution, in fact, they refine and purify every grain of codeia which enters into their tablets. This not only prevents habit and consequent irritation, which follow the use of impure codeia, but it does away with constipation or any other untoward effect.




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**"We CANNOT BE TOO OFTEN REMINDED."**—In treating diseases of women, particularly those due to menstrual irregularities, Hayden's Viburnum Compound enjoys an enviable reputation.

Young girls arriving at womanhood are relieved of many of those agonizing sensations incidental at this critical period by the administration of "H. C. V." In painful or delayed menstruation it affords relief, and the genuine "H. C. V." can be prescribed with an assurance of satisfactory results.

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MESSRS. D. APPLETON & Co. have just issued a new catalogue of their medical publications. If you want a copy, write them, and it will be mailed you free of charge. Their address is 436 Fifth Ave., New York, N. Y.

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OUR CLUBBING OFFER on advertising pages 3 and 4 ought to interest you. Select one of the combinations, and send on your remittance at once for the SOUTHERN PRACTITIONER for 1906 and other good reading matter at a very low rate.

## Reviews and Book Notices.

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**NEUROTIC DISORDERS OF CHILDHOOD.**— Including a Study of Auto and Intestinal Intoxications, Chronic Anemia, Fever, Eclampsia, Epilepsy, Migraine, Chorea, Hysteria, Asthma, etc. By B. K. RACHFORD, M. D., Professor of Diseases of Children, Medical College of Ohio, University of Cincinnati; Pediatrician to the Cincinnati Good Samaritan and Jewish Hospitals; Member of American Pediatric Society; Association of American Physicians, etc. New York: E. B. Treat & Company. Price, \$2.75.

Nervous diseases are not so well understood by the average general practitioner as their importance and frequency demand; and the specialist is entirely too often depended on, when with a reasonable amount of reading and study of such a work as Dr. Rachford has given us, this will in a large number of cases not be required. This work will be of great service not only to the general practitioner, who so often is met by conditions which, if promptly treated as they should be, will in many instances add no little to his hold upon his clientele; but will prove a boon to many a little sufferer who otherwise would be treated in a doubtful and uncertain manner, until, becoming uneasy, special advice and consultation is sought.

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**PHYSICIAN'S POCKET ACCOUNT BOOK.**— By J. J. TAYLOR, M. D. Size: 4 by 6½ inches. Leather cover. Price, \$1.00. Published by The Medical Council, 4105 Walnut St., Philadelphia, Pa.

This book is designed as a physician's complete financial record, embodying the utmost degree of simplicity, plainness, and economy of space and time. It has the following unique features:—

1. It is the only single-book system on the market. No posting into a ledger required, as each account is originally made in ledger form.
2. *This book stands every legal test.*

this meeting, we are no less gainers by it. This is a series of banquets started some years ago, and there are hundreds present who remember how a similar banquet served to sustain the declining years of a man whom the profession all honored, and there are those who every day make acknowledgement of the fact that at that selfsame moment this section of the country was made a better land to live in and a better land in which to practice medicine. Dr. Evans referred to the banquets given to Christian Fenger and N. S. Davis, after which he introduced Dr. Joseph D. Bryant, New York City, who presented Dr. Senn with the gold medallion.

Dr. Bryant said that he knew of nothing that gives him greater comfort than to be able to fulfil the humble position that he was requested to do, the opportunity of spanning, by a few sincere, honest words of affection and praise, the brief interval between the bestowal of a token of distinguished regard and its acceptance by Dr. Senn, whom the profession so much delight to honor. It is fitting that one whose professional career began about the time of that of Dr. Senn should be chosen for this gracious purpose; one whose effort to emulate his achievements added much to the total of his own; one whose respect for him, begotten of years of friendly intercourse, has deposited in his heart a regard for him that knoweth no abatement.

Along the pathway of medical endeavor for nearly a quarter of a century noted and enduring examples illustrative of the wise forethought and generous co-operation are seen in the cause of advanced standing. Instances of his surgical technic foretell notable results that now proclaim great surgical triumphs. The organization of military medicine, of no recent date, has yielded an abundant harvest because of his early conceptions and continued earnest culture. The books made by him, those given by him, will testify, respectively, to the bright sunshine of active life and the sombre shadow of recollection. Human afflictions, which before his time yielded only to indomitable fate, now yield to the outcome of the inspiration of his teaching and the handiwork of his technic. Long-deferred and defeated hopes are now revealed in the happy opportunities contributed by the saving

graces of reparative wisdom and skill of which he has given the lion's share.

Dr. Senn is classed a distinguished man, a distinguished surgeon — distinguished not only because of his surgical attainments, but because of the high standard of his ethical instincts and ennobling attributes of a generous nature. May I not, at this time, as a humble servant of joyous friends, present to him, in their behalf, this beautiful symbol of the love and respect which they cherish for him; the likeness of a sterling man, embossed on pure gold, and bearing the legend of true distinction. (Here Dr. Bryant presented Dr. Senn with a gold medallion, the audience arose, waved handkerchiefs, and cheered lustily.)

He expressed the hope that this token, emblematic of that which is noblest in human character, may serve to admonish doubting souls to strive for the highest and best of aims. (Applause.)

The next speaker introduced was Dr. L. G. Nolte, Milwaukee, Wis., who presented a silver loving cup in behalf of Dr. Senn's former private students, and in so doing said: "As a token of love and affection, Dr. Senn, I present you with this cup (handing the cup to Dr. Senn), the emblem of love, and wish you a great many more years of usefulness, and trust that you may spend the afternoon of your life in good health." (Applause.)

At this juncture, at the suggestion of a South Dakota physician, who was unable to be present, the toastmaster requested the audience to rise and drink a toast to the late Christian Fenger, the teacher of Nicholas Senn, which was accordingly done.

The toastmaster then introduced Dr. Senn, who was enthusiastically received. He rose amid the waving of handkerchiefs and hearty cheers, and when quiet was restored, said, among other things: "I accept from your hands, Dr. Bryant, this beautiful medallion, and assure you that I would rather accept it from your hands than from the hands of any one I know of. I appreciate this tribute. I value it much more highly than I would a decoration by a royal hand." (Applause.) "That means the judgment of one man. This is an

expression of love, respect, and good wishes of the noblest of all professions." (Applause.) "There are two things in this world, Dr. Bryant, that have always an intrinsic value; one is labor, the other is gold. This medallion will be cherished and highly valued as a souvenir of this memorable gathering. It is to me an evidence that my labors, arduous as they may have been, have not been entirely in vain. I thank you, Dr. Bryant, for your presence and for your eloquent address. I wish also to thank Dr. Nolte as the spokesman of my old students, and wish to tell him that I may have been in the past a somewhat severe master; I may have seemed to my students unjust at times (cries of never, never). But let me say to you I have never asked a student to do what I would not do myself." (Applause.)

Dr. Senn then read a poem, the text of which, he said, was taken from one of the most famous of the ancient philosophers—Seneca. The title of the poem was "For Life is Short, and Art is Long."

In conclusion, Dr. Senn said: "Let me return my heartiest thanks, first, to the members of the committee of arrangements, and particularly to Dr. Evans. I thank all the gentlemen who have come from afar to bring me tributes from the profession. I thank the Swiss choir for their sweet songs, and I thank each one of you for your presence, for your friendship, for your respect, and for your good wishes." (Loud and prolonged applause.)

The next speaker was Dr. William J. Mayo, Rochester, Minn., who spoke to the toast, "American Surgery." Dr. Mayo said that there is a surgery in this country that is so typical and characteristic that it can be said to be "American surgery." There was a time in which it did not exist. Twenty years ago the surgery of the United States of America was the surgery of the world, based on clinical observation and a most inadequate pathologic foundation. The early contributions to surgery in America did not come entirely from the seacoast cities, although great and noteworthy were they, but they came from this country as a whole. Bigelow, Mott, Morton, and many others from the

seacoast did most notable things; but we must recollect that Sims, Battey and McDowell came from the South; and we had, in Indianapolis, Bobbs, who did the first operation on the gall bladder, and Connors, who first removed the stomach in the Mississippi Valley. We had Wolcott, of Milwaukee, who operated first on the kidney; then we had Brainard and Gunn and Edmund Andrews, of Chicago. But twenty years ago we were behind in surgical pathology. Here and there men of European education had come to this country and established spheres of influence for scientific work. The work of Fenger, of Chicago; Lange, of New York, and others, while to a certain extent local in character, was of incalculable benefit to the people of the entire country. The mass of the profession of this country twenty years ago were behind the Germans in pathology. Germany in scientific surgery had passed us by. The mass of the profession in this country did not know the position they occupied until Senn's "Principles of Surgery" was published. (Applause.) This book was popular. It had its effect in diffusing knowledge, and surgery in this country became instantaneous. This book did more to teach the profession how little they knew and how much was being accomplished than any one thing that had happened. Following this were notable contributions to surgical pathology by Roswell Park, by John Collins Warren, of Boston, and others. At about this time there also appeared the great book of Gerster. It taught the profession how to apply the new knowledge which Senn, Fenger and others had brought forth. There appeared at this time, too, a series of letters from abroad, published in the *Journal of the American Medical Association*, and written by Senn, describing in clear-cut, forcible language the conditions as they actually existed in German clinics. These letters told the profession what they did, what they thought, and how they did it. Dr. Senn had written up the work of these men in such an absorbing and fascinating style that every man felt as though he himself had visited these clinics, and had seen these men work. These letters were a stimulus for every medical student who desired to do surgery, to go to Germany or be drawn there as by a magnet. Every

man who did surgery felt he could not do justice to his patients if he had not been abroad, and consequently he slaved and saved for the purpose. Multitudes of American students went to Germany, so that there were more medical students in Germany than in all the other foreign countries combined. American surgery was soon Germanized in the United States under the leadership of Dr. Senn. In ten years America was Germanized in surgical pathology. American students, who had attended German clinics, brought back what was best in each one and all of this was grafted on American surgery. In America, more than in any other place, there is now taught what may be called a living pathology. The scientific German accepts little that does not emanate from the deadhouse or does not come from the laboratory.

Another characteristic in this country which has been carried out more thoroughly than in any other place abroad is this: We see borderline cases in which the surgeon and physician must work in harmony. Joint investigations are necessary. Therefore, the laboratory, post-mortem examinations, the physician, the surgeon, must enter into the making of scientific surgery.

At a time when American surgery was relatively held in contempt, Senn, by a series of brilliant articles on practical subjects, such as pancreatic disease, branchial cysts, etc., made the surgeons of the world respect America. It is fitting, therefore, that the profession should acknowledge their indebtedness to this man, whose work has been an inspiration to ambitious Americans, and to know that by hard work a reputation can be built up in the West that is durable, and for this and many things more the profession owes a lasting debt to Senn. (Applause.)

*Tribute from the Army.*—Col. Philip F. Harvey, U. S. A., the next speaker, said that Dr. Senn has not only made substantial surgical contributions to the medical service of the army, but has extended many favors and rendered many kindnesses to the members of his corps.

*Tribute from American Medical Association.*—Dr. Lewis S. McMurtry, Louisville, Ky., said that Dr. Senn does not belong

to the profession of Chicago; he belongs to no section, to no locality, but to the profession of the entire country. Besides, he is an American. (Applause.)

In the great advances that have been made in medicine and surgery during the past twenty years, surpassing in their extent and progress all that has been known in medical science in the century, the most potent influences in this great advancement have been the medical societies and medical press. They have played an important part in the stimulation of original research, in the development of individuality, and in the diffusion of knowledge. The local medical societies have grown both in size and number; they have become great post-graduate schools from which no pupil ever graduates.

There are medical societies which have varied functions. There are national associations for the development of special work, as the American Surgical Association, American Gynecological Society, etc. The societies are performing various important functions in the advancement of medical science in this country. They are limited in membership, and consist almost exclusively of authors, teachers and men who are known to be in the advanced rank as authorities in the various departments of medicine and surgery.

The American Medical Association has a function almost exclusively its own, almost unique, among the medical organizations in this country, namely, to teach the great body of the profession, to federate into one great organized body, through county, district and State societies, the organization of the profession which will be in accord with the spirit of the age, as seen in every department of human endeavor, and to diffuse knowledge among the members of the profession by the publication of a great weekly medical journal, and to bring the profession into close touch, so that great work can be accomplished. It has been the special purpose of this association to reach after the country doctors, the village practitioners, physicians in small towns, and bring them in close touch with one another. This association has, within the past few years, grown to be one of

great power, and yet its work has scarcely begun. There are 130,000 physicians in the United States who need to be brought into the district and county societies and within the influence of this great national organization. In this work there have been leaders, among them the founder of the association — Dr. Nathan Smith Davis. Furthermore, through Dr. Senn's achievements, his influence has been felt in the association for years. His contributions to the Section on Surgery and Anatomy have been valuable. The association is the largest body of medical men in the world, and is destined to accomplish work along lines that will be more and more appreciated by the mass of the profession than any other medical society in existence. (Applause.)

*The Medical Man versus the Surgeon.*—Dr. John A. Witherspoon, Nashville, Tenn., after captivating the audience by the stories he told in his droll way, said that if medical men had made diagnoses early enough surgeons would have saved thousands of patients they have lost. Since there is so much abdominal surgery being done, there is ample excuse for internists to make diagnoses as early as possible, because surgeons have so frightened the appendix that it curls up behind the cecum and internists cannot find it. (Laughter.)

After brief reference to the late Spanish-American war, Dr. Witherspoon said that, should war threaten this country again, the boys of the fathers who wore the gray, and the boys of the fathers who wore the blue, will march side by side, and they will want no man as their surgeon more eagerly than Nicholas Senn. (Applause.) He is not only a great surgeon, but he has shown his patriotism. He is a good citizen. He is ever ready, on any and all occasions, to bare his face to the bayonet of any foe that may threaten this grand and glorious country. Therefore, the profession doubly owes him honor. (Applause.)

*Dr. Senn as a Military Surgeon.*—Dr. Charles Adams, Chicago, representing the Association of Military Surgeons, said that this organization has now many hundreds of members with one heart, and this beats for its founder, Dr. Nicholas Senn. He

recounted Dr. Senn's contributions to military surgery and the active part he has taken in the deliberations of that body.

*Dr. Senn as a Traveler.*—Dr. Daniel R. Brower, Chicago, spoke of Dr. Senn as a traveling companion and of the trip he took with him around the world via Siberia. He referred to Dr. Senn's international reputation as a surgeon and to the manner in which he was royally and hospitably entertained by distinguished surgeons and physicians in the various cities they visited. Dr. Senn proved himself to be a very agreeable and delightful traveling companion, and their trip proved to be one triumphal march.

*Dr. Senn in American Medical Literature.*—Dr. Charles A. L. Reed, Cincinnati, said that Dr. Senn had contributed largely and liberally to the value and quality of the great mass of surgical literature. In the last twenty years his contributions to American medical literature amounted to more than 250 entries, 238 of which relate to surgical subjects. In the list of titles are 12 printed volumes, some large, some small, but all of them important; many of them being used as text-books, others as standard works of reference in the majority of medical schools in the western hemisphere. Of these contributions a number have been translated into foreign languages. The range of subjects embraces practically every department of surgery. For the most part, these contributions are absolute protocols of original investigation. They cover, among other subjects, the surgery of the pancreas, stomach, the intestines, gall bladder, etc. Dr. Reed commended Dr. Senn's example in broad citizenship, a life actuated by an altruistic spirit of personal self-sacrifice, by a spirit of patriotism. (Applause.)

*Dr. Senn as a Thorough Diagnostician.*—Dr. William E. Quine, Chicago, spoke of his association with Dr. Senn as an interne at the Cook County Hospital. He has seen Dr. Senn as an interne engaged in controversy with the members of the attending staff of that institution—men who represented the strongest elements of the profession—in relation to problems of diagnosis, and he has seen him floor every one of them, though boy he was. The intensity of his earnestness, the thoroughness

of detail in his methods, impressed Dr. Quine and inspired him in his work. It was something of a liberal education to be under the inspiration and guidance of such a man. He investigated thoroughly every case from the very foundation to the most minute and most intricate of its ramifications. Dr. Quine said that he was sure that Dr. Senn will close his professional career as he began it and as he has lived it through every day of his life — with sincerity, with intelligence, with dignity of effort, and with an eye single to the best interests, the greatest happiness of his fellow-men, and the greatest advancement of his brethren in the medical profession. (Applause.)

The singing of "Auld Lang Syne" brought the proceedings to a close.

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**SUPERIORITY OF LIQUID MEDICINES OVER ALKALOIDS.**—Curation of disease is a problem which is constantly confronting the practitioner of medicine. Among the multitudinous duties of mankind there are none that are so complex as those which fall to the lot of the physician.

The mechanism of man is a wonderful network of complicated organs, all striving toward a common goal — the health and strength of its various tissues. While anatomy is essential to the understanding of the structure, physiology is no less important in aiding us to comprehend the action of its component parts. Physiology, then, plays a large part in the practice of the successful medical man.

It teaches us that all nutrition is supplied to the body through the medium of the blood; that this nutriment is conveyed to the blood, and the parts needing renewal, by means of endosmosis and exosmosis; that it is necessary for this nourishing pabulum to be in a liquid state before these exchanges can take place.

Experimentation has demonstrated that liquids are much more promptly absorbed than articles of a semi-fluid or more compact nature. Hence the first point of the superiority of liquids over the alkaloids is the fact that they are absorbed with greater ra-

pidity, and thus their beneficent action is commenced more quickly.

The actions of the liquids are more gentle, because, as a rule, they are less powerful than the alkaloids which are extracted by means of chemical manipulation from the various fluid preparations that yield to alkaloidal principles.

All who are familiar with the workings of nature know, and must admit, that the more gentle the process the more lasting and complete is the result obtained. The constant dripping of water, drop by drop, will wear away the hardest substance over which violent measures, though more energetic in their onset, would utterly fail.

The soothing effect of liquid medication will aid materially in producing a more lasting relief from those conditions which are the cause of the departure from the normal or healthy standard.

The liquid preparation — be it infusion, decoction, tincture or fluid extract — contains all the plant constituents, and combines in Dame Nature's own way the various ingredients.

Plants yield their medical qualities to a varying proportion of water and alcohol. The practical pharmacist knows that the right proportions must be used in order to get a reliable and complete representation of the plant under treatment. Again, the plants must be used at different stages of their existence in order to obtain the most reliable results. Some must be used in the green state with all their juices; others should be partially dried and a part of their liquid substance allowed to evaporate, while still others must be in a complete dried condition.

Physicians understand very well that they get better results from the medicines of some manufacturers than they do from those of others. They do not always stop to consider why this is so. It lies all in the process of manufacture. The practitioner who uses tinctures made from fluid extracts will be very apt to lose faith in medication, because of the poor results which he, many times, obtains. He charges the fault to the medicinal agent, when, in reality, the fault lies in the method of preparation. The blame should be laid at the door of the pharmacist.

The rapidity of the absorption of fluids by the blood will prevent the cumulative action which sometimes results from the use of the alkaloids. This is a factor which should not be forgotten. Many deaths could be properly charged to this mode of action in the alkaloids.

Many times the alkaloidal principle must be placed in a fluid vehicle in order to get the best results, as, for instance, the whole method of hypodermic medication. There is no question but that the hypodermic syringe has been a blessing to mankind. But where is the practitioner who would like to treat his cases wholly with this instrument?

The alkaloids, when you have said the best you can in their favor, are, at best, only a part of the original plant. We are apt to term the active principle of the plant. How are we to demonstrate this fact absolutely? Can it be demonstrated? I think not. Who would be rash enough to assert that all the good of chincona lies in the quinine, or that of nux vomica in the strychnine? And not only of these two, but also of the entire list of plants, which, by means of manipulation, can be caused to give up their alkaloidal principles.

Those who are at all familiar with the early history of the Eclectic School of Medicine know how nearly it came to shipwreck because of the wild enthusiasm over the idea of alkaloidal medication. Fortunately, the error was discovered early, and the more rational and scientific method of using the entire plant was substituted.

Without doubt there are fewer therapeutic nihilists to-day among the eclectic practitioners than any other school of medicine. It is due to the fact that they use almost exclusively the liquid medicines.

I do not wish to be understood that there is no place for the alkaloids in the medical practice, for I am willing to admit that there is. I do contend, however, that that place is very much smaller than many of its champions would have us believe.—*Pitts E. Howes, M. D., in Electric Review.*





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